V. S. No. 1

1. PLACE OF DEATH	
county Treservet	Registration Dist. No. 13 4
Village or City Lunistaling	No. St., War
	(doth assumed in a homital or institution give its NAME in and of an analysis)
2. FULL NAME Bett Dear L	2 tes
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH O 2 24 193 (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, end year) July 72-1934	I last saw h A alive on Q Z Z 4 1935 death is sa
5. DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 17 30 A.m.
/ / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
1 8 Trade profession or portionles	micro cepholic Mongolian Data of ones
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Things of the second
9. Industry or business in which	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his securation (many hand)	
- this occupation (month one a spont in this	
year) occupation	Other Contributory Canoca of importance:
12. BIRTHPLACE (city or town)	autepulmonery beduna 0123
(State or country)	7 myseardial Failure 19.
13. NAME / Cay lu. Datew	l
13. NAME Kay W. Balcer 14. BIRTHPLACE (city or town) Thurward (State or country)	Name of operation Dete of Dete of
	What test confirmed diagnosis? Lincal Chaula. Was there an autopsy?
and the second	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
Ray 710 B. Fo.	Where did injury occur? (Specify city or town, county and State)
(Address) Chrenitalus vel	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thurmont Wed . Oate Oct - 26 , 19 35	Nature of injury
19. UNDERTAKER W. To Shuff J. (Address) Guintally wel.	24. Was disease or injury in any way related to occupation of deceased? 16 so, specify
20. FILED Och - 25, 19 35 - M. F. Shuff Registrar.	(Signed) WR Cled & M. (Address) Zumulohy Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 NOV 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FUPPAU V. S	July 5,1927	Peritonitis	3 days ago	
And a control of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-2)
County Frederich	Registration Dist. No. 140
Village or City Woodsboro	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Margaret Colle	u Beard
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	A. DATE OF BEAT
J. W. Surgle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIEY That Lattended deceased from
(or) WIFE of	Trum 125 10 West 1033
6. DATE OF BIRTH (month, day, and year) 27 rv. 10, 1855	Mast saw half alive on Cot 200, 1935; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. P. m.
79 10 23 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Petried	Sall Saladan.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O 10 Date deceased last worked at this occupation (month and year) spant in this year)	
1 Jean Company	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Solomon Bear	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy2
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Solomon J. Bear	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Woodstoo MA. 18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian
Place Prochy Hill Date Oct. 5. 1935	Manner of injury
12.00 1011	
19. UNDERTAKER OUT AND	24. Was disease or injury in any way related to occupation of deceased?
(nulless)	(Signed) Folias Hall M. D.
20 FILER CO. S 1935 S. CO. FILE	10.8.10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Danmore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example-I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial naphritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage NCV 5 1935	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEA should Registration Dist. No. Ward give its NAME instead of street and number) PHYSICIANS How long In U.S. If of foreign birth? statement If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 1 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED DIVORCED (write/file word) PERMANENT (Day) (Month) (Year) classified. 5e. If married, widowed, or diverced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months to have occurred on the dete stated above, at If LESS than stated 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. pe JO 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back pluods may 10. Date deceased lest worked at 11. Total time (years) On this occupation (month and spent in this AGE that occupation instructions UNFADING Other Contributory Causes of importance 80 12. BIRTHPLACE (city or town) plain terms, FATHER Name of operation (State or country) carefully What test confirmed diagnosis?. Was there an autopsy MOTHER important. 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or DEATH Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE plnods very OF (Address) Manner of injury WRITE SI CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNOERTAKER (Address) If so, specify (Address) Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE TX

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11011
1. PLACE OF DEATH .	(3)
County Forderick	Registration Dist. No. 135
Village or City Ur. Hy als tour	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
7/2 1: 1 5+5	R.
310	
(a) Residence: No. Hyatts tu (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wale Weite, Wedower.	21. DATE OF DEATH Oct. 12 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Palphine Turner Briscop	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Nov. 18 1857	1 last saw h alive on 2 2 19 35 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 2 m.
77 // 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Bookkeekar	Urene Qu.6-3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and	
12. BIRTHPLACE (city or town) Prince George Co.	Dther Contributory Causes of importance:
(State or country)	Chronia parende mator 1932
13. NAME Gustanus Brown Diese 14. BIRTHPLATE (city or town for arkatle Hall	e rephritis
14. BIRTHPLATE (city or town) of arlotte Hall	Name of operation
(State of country) Shr Maus Ma,	What test confirmed diagnosis? Was there an autopsy? 200
15. MAIDEN NAME Elizabeth au Sassaar	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Walley and	Accident, suicide, or homicide?
17. INFORMANT Frances B Kling (Address) Thomas Co. Full	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Menner of injury
Place St. Paulo Camely Date Oct 16, 1935	Nature of injury
19. UNDERTAKER Ritchis Bess (Address) Top and March 19.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED OCH 14 , 1985 - GO Ffindicof 400 Registrar.	(Signed) M. D. (Address) Tandlank, Nee d
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrotis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
		1		
Other contributory causes of importance:		Other contributory causes of importance:	1117	
Gallstones	May 1,1923	Gastroenteritis	1 Bear	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ACE FOR FURTHER STATEMENTS BY PHYSICI	STATEMENTS BY	FURTHER	FOR	SPACE	ADDITIONAL
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	item of infor-	should state	of OCCUPA.	/
•	-WRITE PLA Y, WITH UNFADING INK-THIS IS A PERMANENT RE D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
SINDING	ERMANENT R	EXACTLY.	classified. Ex	e.
AARGIN RESERVED FOR BINDING	THIS IS A PI	d be stated]	y be properly	TION is very important. See instructions on back of certificate.
N RESERV	DING INK-	AGE should	so that it ma	ctions on bac
MARGI	VITH UNFAL	ully supplied.	plain terms,	it. See instru
	PEA X, V	ould be caref	OF DEATH in	very importan
-	-WRITE	mation sh	CAUSE	ION is

N. B.-WRITE

V. S. No. 1

STATE OF M	ARYLAND-	-CERTIFICATE OF DEATH	1012
County Frederick		Registration Dist. No.	51
Village or City Near Frederick		No. Monteyue Hospital St,	Ward
Length of residence in city or town where death occur	redyrsmo	sds. How long in U.S. if of foreign birth? None-yrsm	osds.
2. FULL NAME Frank Brooks	Ω	If U.S. Veteran specify WAR	****************
(a) Residence: No Mouterue (Usu	Arolerical alphace of abode)	Mard. Ward. If nonresident give city of whand	Siste
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH October 5th.	. 193
5a. If married, widowed, or divorced	31101	(Month) (Day)	(Year)
HUSBAND of Gertrude Hawkins		22. I HEREBY CERTIFY, That I attended 10 1934 to Och. 5	deceased from
6. DATE OF BIRTH (month, day, and year) UNKONOWN	1850	I last saw h im alive on Och 5 ,1935	: death is said
7 107	If LESS than I day,hrs.	to have occurred on the date stated above, at 4 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
L. 9. Tende profession or particular T - 3	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	************	Circlal honorhease	Rt. 2-35
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWHEL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1973)	**************		
10. Date deceased last worked at this occupation (month and 1930 year)	Total time (years) spant in this 60 occupation		
12. BIRTHPLACE (city or town) Maryland (State or country)		Other Coutributory Causes of importance:	-
		Chromis Myacarditis	193
I Ma mala	nd	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4. BIRTHPLACE (city or town) (State or country)		Name of operation Oete of	2
# 15. MAIOEN NAME UNKONOWN	A - L L L	What test confirmed diagnosis? Was there an a	
15. MAIOEN NAME UNKONOWN 16. BIRTHPLACE (city or town) (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
17. INFORMANT Joseph Brooks, (Address) Frederick, Md.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL Place Knoxville, Md. Colatee	m 10/7 , ₁₉ 35	Manner of injury	
19. UNDERTAKER M. R. Etchison & So (Address) Frederick, Md.	on	24. Was disease or injury in eny way related to occupation of deceased?	240
20 51157-Och 1035 Dag	Jac Caral	(Signed) Blothornas	

If more blanks are needed, address State Registrat 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor-	state	UPA.
of	plu	CCC
item	sho) jo
-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RECAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
a C	HYS	t st
REC	Y. P.	Exac
ANENT	CTL	ssifted.
SRM	XX	cla
\ PE	I pa	erly
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UNF	upplie	terms
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certificate.

See instructions on back

TION is very important.

STATE OF MARTLAND	CERTIFICATE OF DEATH	. 710
1. PLACE OF DEATH County Freelenik	48	1
Village or City Trederich	No. Calacta Care St.	Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and rds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME Harriett Virginia (a) Residence: No. Catolin Jane (Usualplace of abode)	St., Ward. Outside it ve city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Devoced	21. DATE OF DEATH 29 19 (Month) (Day)	, 193 (Year)
5a. If merried, widowed, or divorced Furt name HUSDAND OF (or) WIFE of Carey	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 11.500.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	; death Is said
60 6 25 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month miles) spent in this occupation (coupation)	Carcinomata Uleri	1932
12. BIRTHPLACE (city or town) Teldends (State or country)	Other Contributory Canses of Importance:	
13. NAME See. M. Trochen 14. BIRTHPLACE (city or town) Frederile	Name of operation	
(State or country) Maryland 1:10	Whet test confirmed diagnosts? Was there an a	ulopsy? No.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Pennsylvania	23. If death was due to external causes (VIOLENCE) fill In elso the following Accident, suicido, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT 4: Hallingswath.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mf. Olivet Gove Date Nov. 4 , 1935	Manner of Injury	
19. UNDERTAKER Hany & Garly Go	24. Was disease or injury In any way related to occupation of deceased? If so, specify	No.
20. FILED 2 - how., 1925. Das J. M. Curly	(Signed) A de de els months	d /

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NEV 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUPFALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis in the land in the land	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 4 1995	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING ARGIN RESERVED

OCCUPA plnods of PHYSICIANS atement PERMANENT CTL classified EX certificate. properly stated THIS may plnods no that instructions supplied. plain terms. efully important III be car DEATH -WRITE PLA plnous Very OF S CAUSE

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick Withhe the Corporate Roll County Registration Dist. No. Frederick No. Frederick City Hospital Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Jennie Virginia Dailey 2. FULL NAME If U.S. Veteran specify WAR..... no..... 130 W. All Saints (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) Colored Female 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from Lester Dailey (or) WIFE of July 23. 1894 6. DATE OF BIRTH (month, day, end year) to heve occurred on the date stated above, at 1.0.30 A.m. 7. AGE If LESS than Years Months Days 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence 3 5 41 or _____ min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Home 10. Date deceased last worked at 11. Total time (years) this occupation (month and 1935 spent in this occupation_ 12. BIRTHPLACE (city or town)_ Maryland (State or country) Frank King FATHER 13. NAME 14. BIRTHPLACE (city or town) ___ Maryland (State or country) What test confirmed diagnosis? Was there an autopsy? Was MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) ---- Mary land Accident, suicide, or homicide? (State or country) (Specify city or town, county and State) Lester Dailey Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT _ 130 W.All Saints St. Fredk, Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Washington D.C. Manner of injury Washington D.C. Nature of Injury M.R. Etchison & Son. 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) Frederick. If so, specify (Address) _ S W. Dasa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1300	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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ARGIN I

V. S. No. 1

1. PLACE OF DEATH		46-2
County Treate	ridg	Registration Dist. No. 138
Village or City Near Ken	uptown	No
Length of residence In city or town, where	death occurredyrsr	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME Latin	ier Yh. Das	4,
(a) Residence: No.		St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonrerident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 21
5e. If married, widowed, or dyorced HUSBAND of	A	(Month) (Day) (Ye
(or) WIFE of January	ia pay	22. Sekt 20 1935 to 2 2
6. DATE OF BIRTH (month, day, and year)	lec 14 1/852	I last saw h in alive on Oct 20, 1935; death
7. AGE Years Months	Days If LESS than	
8. Trade, profession, or particular	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
kind of work done, as SPINNER,	elired turne	Calcurand of lines Du
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		19.
0 10. Dato deceased last worked at	11. Total time (years)	
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town) Brown	mysselle	Other Contributory Causes of importance:
(State or country)	Typewel.	
	willen Ale	
14. BIRTHPLACE (city or town) (State or country)	naryland,	Name of operation Date of What test confirmed diagnosis? Wo Was there an au'opsy?
# 15. MAIDEN NAME Prescul	la Strowing	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTIIPLACE (city or town)	Hard Confl	Accident, suicide, or homicide? Date of injury, 19
7 1	Dasi.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Some	E Mirgues	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Completion	Date CCX 23, 193,	Manner of injury
19. UNDERTAKER ABBUTANIAN (Address) Amagas	all Jucio	24. Was disease or injury In any way releted to occupation of deceased? No
20. FILED Got 2/ 1935 Lucio	ns The Falcone	(Signed) Crueck PROOP MORKET ME

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Example I	7	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 110V 5 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 PRAU V. S.	July 5, 1927	Peritonitis	3 days ago	
E TOTAL CONTROL CONTRO				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	URTHER STAT	CEMENTS BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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7	1	П	F	1	1
Д.	2	V		Į.	6

1. PLACE	OF DEA	тн			(DLF)	0
County		ederick	2	**************	Registration Dist. No.	9
	City T-A		NATOR	IUM. Ma	No. St., I death occurred in a hospital or institution, give its NAME instead of street and s. I7. ds. How long in U.S. if of foreign birth?	ward number)
		Elia				
	ence: No		Bridge (Usualplace	(Fred. Ca) R F	D. St., Ward. Maryland. If nonresident give city or town an	1 State
PERSO	NAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 30 (Month) (Day)	, 1935
5a. If married, wid HUSBANO of (or) WIFE of	owed, or divo	rced				(Year)
(or) WIFE of		100			22. I HEREBY CERTIFY, That I attanded August I4 19 35 to Oct. 30	daceased from
6. DATE OF BIRTI	H (month day	and year) F	ebruary	2 1891	I last saw i.m. alive on Oct 30 1935	49
	aars	Months	Days	If LESS than	to heve occurred on the date stated above, 4 . 40P . M.:	_; death is said
	44	8	28	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:	
Treda, pro	fession, or pa	irticular as SPINNER,	Elo mm o		nula as lonows.	Date of onset
SAWYE	ER, BOOKKEE	PER, etc.	Farme	;T.	Bronchiectasis.	
9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc						I922
10. Oate deca		ked at	35 11. Total ti	ime (yaers) nt in this OYPS upetion		-
12. BIRTHPLACE ((Stata or co			rederic		Othar Contributory Causeo of importanca:	-
13. NAME	Gre	nt Dayh	are a distant			
13. NAME		wn)			Name of operation	-
(Stata	or country)	Ma	ryland.		What test confirmed diagnosis? ChestX Ray Was there an	autopsy? no
15. MAIDEN N	IAME	Fannie	Laekins		23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLA	CE (city or to or country)		yland.		Accidant, suicide, or homicide? Date of injury Where did injury occur?	, 19
	Union	Bridge	hoff, Md.	• • • • • • • • • • • • • • • • • • • •	(Specify city or town, county and Sta Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREM/ Place B€	ation, or R	Dam, Fr	ederick	nown 19	Mannar of injury	
14/	ibert	ytown,	ugh Mo		24. Wes disease or injury in any way ralated to occupation of deceased?	no
20. FILEO 10/3	30/30	9	NY STATE	Registrar.	(Signed) Slowary & Mapp	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Date of enset

(Address) _ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VIS. No. 2.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (city or town)_____ (Stata or country)

R.

Frederick,

Frederick.

Elmer B.

Etchison & Son

15. MAIDEN NAME

(Address)

(Address)

17. INFORMANT

MOTHER

very important.

state

of OCCUPAshould

Statement

item of infor-

	SIAI	e of M	AKILANU-	CERTIFICATE OF DEATH
1. PLACE	F DEATH			<u></u>
County Village or	County Frederick Village or City Bloomfield nr. Frederick			Registration Dist. No. 131 No. Bloomfield St., If death occurred in a horpital or institution, give its NAME instead of street and number
	AME Mrs. Ju	lia Ann E field		sds. How long in U.S. if of foreign birth?yrsmos
PERSO	NAL AND STA	TISTICAL P	RTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RA		MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH October 13, (Month) (Day) (Day)
HUSBAND of (or) WIFE of	Granvill (month, day, and year			22. I HEREBY CERTIFY. That attended decea
7. AGE Y	ears Mor	ths Day	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 . 35A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYE 9. Industry on Work w SAW M 10. Date decea this occ year) 12. BIRTHPLACE ((State or co	ession, or particular work done, as SPINN R, BOOKKEPER, etc business in which as done, as SILK MILL ILL, BANK, etc sed last worked at upation (month and Mupation (month and Mupation). Mary untry)	At H		JAMMAN Commenters tissue / I and skin ; later, involving the nouseles, but not the bones cursts. Other Contributory Cause of Importance: MUNICIPALITY To have the bones of the contributory Cause of Importance:
4.	CE (city or town)			Name of operation Data of Data of

What test confirmed diagnosis 23. If death was dua to external causas (VIOLENCE) fall in also the following: Accident, suicide, or homicide? Date of injury _____ 19

_____ds.

(Year)

a: death Is said

Date of onset

ttended deceased from

Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of injury 24. Was disease or injury in any way related to occupation of deceased?

Registrat If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Staley,

Cem. Fredpate Oct. 16, 1935

V. S. No. 1

8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1805	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	~	6. ş	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

N. B.-WRITE

V. S. No. 1

AGE should be

certificate.

PHYSICIANS should state Exact statement of OCCUPA.

JRD. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH	1020
1. PLACE OF DEATH	(30)	
County Friderick	Registration Dist. No.	37
Village or City Liberty town		Wd
, (If	ND. St., death occurred in a hospital or institution, give its NAME instead of street and p	Ward
Length of residence in city or town where death occurred 64 yrs	ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FULL NAME albret Trufelet Etz	Ten .	
(a) Residence: Np.	St. Ward.	
(Usual place of abode)	If nonresident give city or lown and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	0.00.00.00
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male thile OR DIVORCED (write the word)	OCK - 27"	, 1935
	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of Malildes C. Eller	22. 1 HEREBY CERTIFY. That I attended	
010 .521	July 29th 1935, to Och - 29"	, 19 35
6. DATE OF BIRTH (month, day, and year) File - 11 - 1871		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9,300 m.	
64 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular	\ ' \ \ \/ =	Date of onset
kind of work done, as SPINNER, Stone moson	Clorke Glenosis	Nov-193,
9 Industry or business in which		
A Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
O this occupation (month and , 2 2 spent in this		
year) occupation to occupation	Dther Contributory Causes of importence:	
12. BIRTIIPLACE (city or town) Md.	20 . 33 . 1 . 1.	
(State or country)	Chrones dephroles	aug-35
13. NAME It Man Vizles	V	
14. BIRTHPLACE (city or town) 7 Mds	Name of operation Data of	1
(State or country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Mary a. Lamberh	23. If death was due to external causes (VIOLENCE) fill in also tha following	
16. BIRTHPLACE (city or town) Mds	Accident, suicide, or homicide? Date of injury	19
State or country)	Where did injury occur?	
17 INFORMANT Carlo St. Etglas	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	e)
(Address) & werle rown, Md.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Fairmout Cemelery Date Och 31 1, 1936	Neture of Injury	
Power Il & albane &	24. Was disease or Injury In any way related to occupation of deceased?	No
19. UNDERTAKER Jacob Y Works	if so, specify	
Oct 31 25 TIRE	(Signed) Ohs B, Stone	M D
20. FILE CL	(Address) Liberty town, Md	,

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1915 1921	of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921		
20102	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5,1927 Peritonitis Other contributory causes of importance:

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RESERVED	
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<u>س</u>	
ARGIN	

1. PLACE OF DEATH	820 10 C.
County Freuerla	Registration Dist. No. 38
	No. St., War If death occurred in a horpital or institution, give its NAME instead of street and number) as. ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Charles Edward Elit.	, , , , , , , , , , , , , , , , , , ,
(a) Residence: No. Must walk the What	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Will Pridgmen	21. DATE OF DEATH /0 / // 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of GOT) WHEE OF COT) WHEE OF COT)	22. I HEREBY CERTIFY. That t attended deceased from Sulv. 20 ~ ,1935, to Och = 11 - ,1935
6. DATE OF BIRTH (month, day, and year) 12 - 6 - 18 3 4	I last saw have alive on Och - 10 - 19.35; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	ware as follows: Or DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Absulum	Date of one
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spant in this	Gerebral Hemon hage (apoplay) Sept
12. BIRTHPLACE (city or town) I reheared Conserty the de sector (State or country)	Other Contributory Causes of importance:
	10 wrould Calleles 192:
13. NAME Pared Elgles 14. BIRTHPLACE (city or town) Frequency County Med. (Stata or country)	Nama of operation 2000 Date of What test confirmed diagnosis? Clause L. Was there an au'opsy?
15. MAIDEN NAME Neary a, Mushaune	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Fustinete County Wed.	Accident, suicide, or homicide?
(State or country)	Whera did injury occur?
17. INFORMANT Testion Etgles (Dove) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Minuto Hupp Date 10-13- 1936	Manner of injury
19. UNDERTAKER Washer Market Mid	24. Was diseasa or injury In any way related to occupation of deceased?
20 FILED 10 - 13 , 1935 Lucian K. Falconer Registrar.	(Signed) Varge IV. Hage M.

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Chronic interstitial nephritis . N 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
MINIM				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	---------	---------	------------	----	-----------

ARGIN RESERVED FOR BINDING

D. Every item of infor-PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PLA

1. PLACE OF DEATH	Within the Screen	Miles	THE RESERVE OF THE PARTY OF	21
County Frederick			Registration Dist. No.	Q)
Village or City Frederick		No. Frederick Ci		
Length of residence in city or town where death of	occurredyrs,emo	sds. How long In U.S. if of fo	reign birth?yrs	mosds
2. FULL NAME Mrs. This is a line of the control of	C. Boyer Etz.	er If U.S. Veterar of Sif.	WAR NONE If Jonresident give city or town	2 MO
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CER	TIFICATE OF DEAT	Н
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) WidoW	21. DATE OF DEATH	Month) (Day)	, 193 5 (Year)
. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Daniel Etz	ler	22. I HEREBY C	35, to Color	nded deceased from
2,	1 22 1851	+ ()	00 10 1	
AGE Years Months	Days If LESS than	to have occurred on the date stated al	730-	35; death Is se
	12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a		
8. Trade, profession, or particular	ormin,	were as follows:		Date ol onse
hind of work done on CDIMMED	sewife	Case	a St-	2 -
			7	367
9. Industry or business in which work was done, as SILK MILL, At H. SAW MILL, BANK, etc.		-		4
10. Date deceased last worked at this occupation (month and 9/35	11. Total time (years) spant in this occupetion		•••••	
year)	occupation 7	Other Contributory Causes of Importa	nce:	
. BIRTHPLACE (city or town) Maryland				
13. NAME Peter Boyer				
14. BIRTHPLACE (city or town)		Neme of operation	Date	of
(State or country) Marylan	d	What test confirmed diagnosis?		200
15. MAIDEN NAME Katherine To	iles	23. If death was due to external causes		
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?		
(State or country) Marylan	d	Where did injury occur?		
INFORMANT M. C. C. Stra (Address) Frederick	nod	Specify whether injury occurred in IN	(Specify city or town, county and IDUSTRY, in HOME, or In PUBLIS	I State) C PLACE.
BURIAL, CREMATION, OR REMOVAL	1:10	Manner of injury		
Place Union Chaple Cens	te 10/4 , 1930	Nature of injury		
UNDERTAKER M. R. Etchison & (Address) Frederick, Md.	Son	24. Was disease or injury in any way of the so, specify	related to occupation of deceased	nto
FILEDO - O. J. 195. Dra	In & Gaster	(Signed)	Toloura	M.

V. S. No. 1

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA 1. PLACE OF DEAT Registration Dist. No item No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth? vrs. statement PHYSICIAN 2. FULL NAME (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) classified 5a, If married, widowed, or divorced HUSBAND of 22. That I ettended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, et I day ... O ... hrs 0 0 The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or 20 min. Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was done, as SILK MILL, plnods SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this that oc:upetion _____ instructions Other Contributory Causes of importance 80 12, BIRTHPLACE (city or town) (State or country) supplied. FATHER See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) be carefully What test confirmed diagnosis? Was there an autops MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: importan DEATH : Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT OF G should very (Address) OF WRITE Manner of Injur CAUSE mation MOIT Nature of inlury 24. Was disease or injury in eny wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED 20 - O. (Signed) Registrar. (Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11024
1. PLACE OF DEATH	92-0
county Inderich	Registration Dist. No. 135
Village or City Coasant Walk	NoSt.,Ward
Length of residence in city or town where death occurred yrs.	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
0 . 18	ourest.
(a) Residence: No. Pleasant Walk	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marie 9	21. DATE OF DEATH (Month) (Day) (Year)
5a. If Married, indoned or divorced HUSBAND of (or) WHFE of Can De (1)	2. I HEREBY CERTIFY, That I attended deceased from
0.121 19 17	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
8 4 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Data of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Q 1 Det
J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Thobably Chronice 8/935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. One deceased lest worked et this occupation (month end spant in this 57)	valordar disang
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) W. Molfsonlle (State of pountry) marketand.	
13. NAME John Calvint Tourest	
13. NAME CANTEST ONEST	Name of operation 2001 - Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy? Zeo
15. MAIDEN NAME A vina Hainds 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town) [1] [1] (State or, country)	Accident, suicide, or homicide?
FO. 11 There of the country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Mucrosileo MA Rb 2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, COEMATION, OR RESTOVAL / Wash - + 18.	Menner of injury Devel
y. Dadelmerry western bate Jell, 1978	Nature of Injury
19. UNDERTAKER Sittle GLOS.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Myersville, Mo,	If so, specify
20. FILED Oct 11 1936 charles I Leathernan	(Signed) M. D. (Address) Mark All to the state of the st
2008131	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:	

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County Frede	rick			Registration Dist. No.	2/
Village or City Mt	.Ville nr	.Jefferso	n .	No. St., f death occurred in a hospital or institution, give its NAME instead of street a	
Length of rasidance in	city or town where	death occurred_	3yrsmos	ds. How long in U.S. if of foraign birth?yrs	mos
2. FULL NAME_1 (a) Residence: No	rs. Maria Nr. Jeffe	Louise From		If U.S. Veteran specify WAR none	and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1
	lor or RACE		RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH 25 (Month) (Day)	, 193
5a. If marriad, widowed, or of HUSBAND of (or) WIFE of JOSE		,		22. I HEREBY CERTIFY. That eather march 1930 to Delote	ded deceas
6. DATE OF BIRTH (month,	day, and yaar) De	c. 12, 18	39	1 lest saw h S alive on October 17, 19	يَّلُ ; deal
7. AGE Years 95	Months 10	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date
kind of work do SAWYER, BOOK! 9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last this occupation (year)	s SILK MILL, K, etc		time (yaars) 70		
12. BIRTHPLACE (city or too (State or country)				Other Contributory Causes of importances	12
≅ 13. NAME John	L. Stout.			The state of the s	
14. BIRTHPLACE (city o	town) More		V. Va.	Name of operation Date What tast confirmed diagnosis? Was there	
IS. MAIDEN NAME 1				23. If death was due to external causes (VIOLENCE) fill in also the folio	
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country))	(OWII)	n Co. W.	Va.	Accidant, suicide, or homicide? Data of Injury Where did injury occur?	,
17 INCODMANT	. Ella E. rederick,	Fry Md. R. 1). # 4	(Specify city or town, county and Spacify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC	
18. BURIAL, CREMATION, O		Date_Oct	. 28, 1935	Manner of Injury	
19. UNDERTAKER Free (Addrass)	derick, b			24. Was disease or injury in any way ralated to occupation of deceased	/ No
20. FILED 26-01	3- 2	1	000	(Signad)	

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1915	Attack of epilepsy	1 week ago
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July 5, 1927	Peritonitis	3 days ago
(mar 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

supplied.

efully

CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEAT	H			(23)	
County Fre	derick	1		Registration Dist. No. 139	
Village or City_S_T_/ Length of residence in city			RIUM A	No. St., dealh occurred in a hospital or institution, give its NAME instead of street and nu 19 ds. How long in U.S. if of foreign birth?	
2. FULL NAME C	ecelia	J. Garsk	i alia	s Cecelial Irzybowski	
(a) Residence: No. 8			Ave.	St., Ward. Baltimore, Maryland. If nonresident give city or town and S	
PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
7 0 111 0 1	ite	s. single, Mari or divorced Singl	RIED, W100WED, O (write the word) O •	21. DATE OF DEATH October 26 (Month) (Oay)	193 5 (Yeer)
5a. If married, widowed, or divorce HUSBANO of (or) WIFE of	ad			22. HEREBY CERTIFY, That I attended do April 7 ,35 to Oct. 26	acaased from
6. DATE OF BIRTH (month, dey, and year) October 15 1907 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.				I last saw h_eralive onOct26, 19.35_; to have occurred on the date stated abova, aV_45P_M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	daath is said
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SIndustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaesed last worked at this occupation (month and Ch 1935 spent in this 13Yrs year)					Jan 1934
12. BIRTHPLACE (city or town) (Stata or country) Maryland O			*****	Tuberculous Laryngitis	
13. NAME Julius Garski 14. BIRTHPLACE (city or town) (Stete or country) Poland				Name of operation none post Spitchum What test confirmed diagnosis?Chest X Ray Was there an au	topsy?_NQ
15. MAIOEN NAME Sallie 16. BIRTHPLACE (city or town) (State or country) Poland.				23. If daath was due to externel causas (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
17. INFORMANT Cecelia J. Garski (Address) Baltimore, Maryland. 18. BURIAL, CREMATION, OR REMOVAL Place Balto. Md. Date Unknown, 19				(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC Mannar of injury Nature of injury	E.
19. UNOERTAKER M. L. Creager (Address) Thurmont, Md. 20. FILEO Physical Resistant			Registrar.		no M. D.

mation should

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis NOV 6 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLACET, WITH UNFADING INK-THIS IS A FERMANDAL METERICAL SHOULD state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

(CountyF	rede	rick		a the Doubli	FOR MILITING		Registration Dis	st. No.	21
1	/illage or City	Fre	derick			No. 314		Alley	St	Ward
ı	ength of reside	nca In city	y or town where d	eath occurred	60 yrs	(If death occurred in a losds. How	norpital or institution long in U.S. if of	tion, give its NAME in f foreign birth?		
2. F	ULL NAM	E Jo	hn Henry	Gray	Milwa	If U.S.	Veteran apecif	y WAR None		=======================================
(a) Residence	: No. 3	14 Chape	Alley	F-375	St.,	Ward			
				(Usual plac				If nonresident give		nd State
			STATISTI			MI	EDICAL C	ERTIFICATE C	F DEATH	
3. SEX	le	col	or race ored	or bivorc married	RRIED, WIDOWED, ED (write the word)	21. DATE 05	DEATH	October (Month)	29,	, ₁₉₃ 5
HIII	SBAND of					22.	LEBERY	CEDELEY		
(01) WIFE OF IW	ary.	Mahoney			- July		CERTIFY.	Tat lattende	d deceased from
6. DATE	OF BIRTH (me	onth, day.	and year) Unl	cnown	1855	I last saw h 1 m			10 3	death is sai
7. AGE	Years		Months	Days	If LESS than	to have occurred o	n the date state	d above, at 10.35	A	pe . , doetti is sai
-	80	?			1 day,hr			H and related causes o		
3 2	Trade, profession	on, or par	ticular	Cook	1	were as ronows.				Date of one
0 1	SAWYER, B	DDKKEEP	ER, etc			- Cire	Las	1 Lucia	1472	9.0
CUPATION	ndustry or bus work was d	siness in ona, as SI	which Hote	el				14	0 -	141.
U 10-				I II Total	tima (years)					
0	this occupat	ion (mont	th and 5/35	SD	ent in this 15					
12 RIRT	HPI ACE (city o	r town)	Maryland	3		Other Contributary	Causes of Impor	rtanca:		
(State or country	()								
13.	NAME UNKN	OWN						•		
	BIRTHPLACE (c	ity or tow	UNKN	OWN		Name of operation			Data of	
L	(State or co									
15. 1	MAIDEN NAME		UNKNO	JWN				ses (VIOLENCE) fill In		
	BIRTHPLACE (c	ity or tow	UNKN	OWN	manatari 12	M .		Date		-
Σ	(State or co	un'iy)				Where did injury of				
17. INFDI			ry M. Graick, Md.	ıy		Specify whether in	jury occurred in	(Specify city or tow INDUSTRY, In HOME,	n, county and St. or in PUBLIC P	ate) LACE.
18. BURI	AL, CREMATIO	N, OR RE	MDVAL	0.4	71 71	Manner of injury				
P	lace_Falrv	iew	Cem. Free	Data CC .	31, 19 35	Nature of Injury				
19. UNDF	RTAKER M.	R. E	tchison d	s Son				y related to occupation	of deceased?	Nur
()	Address) Fr	eder	ick, Md			If so, specify	T	lu V	1	
20. FILF	Oct. 3	0 10	35- Dr	of he	C Grade	(Signed)	2	11/2	dem	M. [
		, 20			Registrar	(Addre	. /	111	- 15h-	- 1

V. S. No.

N. B.

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Other contributory causes of importance:		Other contributory causes of importance:	M. = M
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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ATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth?_____yrs.____mos... Langth of residence in city or town where death occurred (a) Residence: No. St. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR-DIVORCED (write the word) 5a, If married, widowed, or divorced HUSBAND of ERTIFY Thet Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months Days If LESS than to heve occurred on the data stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of operation. (State or country) Whet test confirmed diagnosis? Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?_____ Date of injury _____ 19_ 16. BIRTHPLACE (city or town) (State or country) Whare did Injury occur?___ (Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Nature of injury 24. Was disaase or injury ip any way related to occupation 19. UNDERTAKE (Addrass) If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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	PERMANENT RECORD. Every ite	PHYSICIANS	1. 1
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st U	1. PLACE OF DEATH	93-0
CER	County Trederice Within the Corporat	Registration Dist. No.
o J	Village or City Treducick Ind.	No. Count & Coungel St. Ward
	L . V C	death occurred in a hospital or institution, give its NAME instead of street and number)
NS ent	Length of residence in city or town where death occurred mos.	
CIAN	2. FULL NAME Momas H. Halley	If U. S. Veteran, specify WAR NONE.
YSICIANS	(a) Residence: No. Craft Hounsel	St. Ward. Ward. If nomesident give city or town and State
F /	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	S-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Z Z	Male White OR DIVORCED (write the word)	(Month) (Day) (Yeer)
C T]	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
A C lassifi	(or west ally	Oct. 14 ,1920 , to Oct. 21 , 1930
E X cl	6. DATE OF BIRTH (month, day, and year) See 8 - 1835	I last saw h alive on Och 2 / , 19 2 1 ; death is said
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5m.
stated E properly certificate	79 10 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
^	8. Trade, profession, or perticuler kind of work done, es SPINNER, Petrone	- Ag
pe of	SAWYER, BODKKEEPER, etc	Myscardist Insuffice any 1 yr
ould may back	kind of work done, es SPINNER, Kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Sawyer, Bodkkeeper, etc. Sawyer, Bodkkeeper, etc. Sawyer, Bodkkeeper, etc.	
	10. Date deceased last worked at this occupation (month and 193 p	Primary Cause: Chronic degenerative myocorditis.
100	10. Date deceased last worked at this occupation worked at this occupation (month end 193 o year)	Duration: over two years (egg)
plied. AGI	Frederick	Dther Contributory Causes of Importance:
l. so ucti	12. BIRTHPLACE (city or town) (State or country)	(Interior cleanes 1 less
lied ms mstr	13. NAME Thos. H. Haller	ay and only one
upp ter ter	E	Neme of operation Dete of
se sin	14. BIRTHPLACE (city or town) (Stete or country)	Whet test confirmed diagnosis? Climal Was there an autopsy? 2
E D	# 15. MAIDEN NAME Caroling June	23. If death was due to external causes (VIDLENCE) fill in also the following:
be carefu EATH in important	16. BIRTHPLACE (city or town) Trederice	Accident, suicide, or homicide?Date of injury19
TTF	(State or country)	Where did injury occur?
	17. INFORMANT N. Harry Haller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	(Address) Frederick hed.	
7 00 00	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
SE	Place Mitolivel County Date Och Lo, 1930	Nature of Injury
mation CAUSE TION is	19. UNDERTAKER G. E. Colicia + Jay	24. Wes disease or injury in any wey releted to occupation of deceesed?
EOF	(Address) Freduce hed.	If so, specify
(1)	20. FILED 23-Och , 19 35. Dra & In Candy	(Signed) A Muth Tease M.D.
	Registrar.	(Address) Fudema, Md
	If more blanks are needed, address State Registrory	24xx N Charles Street Baltimore Requesting T1 S No x

STATE OF MARYLAND—CERTIFICATE OF DEATH

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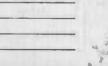
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Example I	į.	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 33 195	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OU CLASS	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		



V. S. No. 1

N. B.-WRITE PLAMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 11030
1. PLACE OF DEATH	(158)
County Frederick	Registration Dist, No.
Village or City Near Featwille	No. St., Ward
Length of residence in city or town where death occurred yrs. 2 mo	f death occurred in a hospital or institution, give its NAME instead of street and number)
10111	s
2. FULL NAME William Edward	Lewin Harding
(a) Residence: No. de cavelle Ph &	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
mule white OR DIVORCED (write the word)	Oct 3/ 1035
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. IHEREBY CERTIFX Thet I attended decaesad from
	(ct 3/ 1935, to lect 3/ 1935
6. DATE OF BIRTH (month, day, end year) Jung 12, 1935	I last sew h; death is said
7. AGE Years Months Days If LESS then	to have occurred on tha date steted abova, at 1.30.1m.
2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER,	Data of onset
SAWYER, BUDKKEEPER, etc.	- Seen only after death no medical attention.
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	Marcimum cula 2mm
10. Deta deceased last worked et 11. Total time (years)	Death, apparently, due to malnutrition.
this occupetion (month and spent in this occupetion	. , , ,
	Other Coatributary Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Of inch. A ding	from Carlo
E tradus	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there an autopsy?
T CONTROL OF THE CONT	23. If death wes due to external causes (VIOLENCE) fill In also tha following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
Since Bl 1 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COMPANY AND COMPANY (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Decided to
Plece Link Nollan Dete Mary 1 1935	Menner of injury
La Mi	Nature of Injury
19. UNDERTAKER 71. Surface (Address) MA Daylor	24. Was disaese or injury in any wey releted to occupetion of deceesed?
34 6) 34 44 2001 1	If so, specify
20. FILED S. 195 Registrar.	(Signed) A Course of thinks M.D.
	(Address) Allecteria Late 12412 N. Charles Street, Baltimore, Requesting U. S. No. 1.
- June 1 Comments	-y Country Oriet, Datimore, Requesting O. 3. IVO. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstition nephritis \ 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (S. No. 1.

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H BRIDGE V. S. I				
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

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-WRITE PL

CAUSE OF DEATH in plain terms, so that it may be properly classified.

JRD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1	1. PLACE O	F DEA	ТН			(52)				
	/	County	Frede	erick			Registration Dist. No. 121				
		Village or (ity Je	fferson			Jefferson				
	(If				death occurred	70 yrs. mo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.				
/	2. FULL NAME Robert Douglas Hemp					2	If U.S. Veteran specify WAR.				
	(a) Residence: No. Jelle 100 (Usual place of) abode)				Jel	ens.	Madd. Wald If nonresident give city or town and State				
	PERSONAL AND STATISTICAL PARTICULARS					CULARS	MEDICAL CERTIFICATE OF DEATH				
		sex ale	4. colo	R OR RACE	5. SINGLE, MAR OR DIVORCEI SINGLE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 14th. 5				
	5a.	. If married, widov	ved, or divo	rced	3		- (Month) (Oay) (Year)				
	HUSBANO of (or) WIFE of						22. I HEREBY CERTIFY, That I attended deceased from				
e.	6. DATE OF BIRTH (month, day, and year) Oct. 4, 1860					860	1 1 1 1935 to Oct 4 1935 1 1935 1 1935 1 1935				
certificate	7	AGE Yea	ırs	Months	Days	If LESS than	to have occurred on the date stated above, at 12,20P.m.				
1		7	75	0	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:				
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Dece 34 11. Total time (years) 42				D 1	7	Sarcoma foot (primary), 1932				
Jo 3					Butcher		Sacence lung (secondary), 1975				
back	UPA	work wa	s done, as S	ILK MILL.			Typico Fhromes 1435				
	S			ked at Do-	7 4 11. Total ti	me (vears) a O	small round-cell sorcoms, originating in cornectice				
0 8	0	this occu	pation (mo	ked at Dec.		me (years) 42 It in this pation	tissue of fast i and tendor sheath (of fast).				
instructions on	12.	BIRTHPLACE (ci		Maryla			Other Contributory Causes of importance:				
str	œ	1		m Hemp			Cyritis				
	FATHER			Mo	ryland						
See	FA	14. BIRTHPLACE (State or		wn)	y Laria		Name of operation anypettale of the Oate of 1932				
	~	15. MAIDEN NA	T	Januah Sl	ifer		What test confirmed diagnosis? Chance of Was there an au'opsylance				
important	MOTHER		INE	Marv			23. If death was due to external causes (VIOLENCE) fill in also the following:				
Ort	MO	16. BIRTHPLACE	(city or to	wn)			Accident, suicide, or homicide? Date of Injury, 19				
m	- 1	Ab	raham	Hemp, Jr			Where did Injury occur? (Specify city or town, county and State)				
very i	17.	INFORMANT	Jeffe	rson, Md.			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
A A	18.	BURIAL, CREMAT	ION, OR R	EMOVAL	Ceme tery		Manage of Injury				
* part		PlaceJeff	erson	Reformed	d Oate Oct	17, ₁₉ 35	Manner of injury				
TION	19.	UNDERTAKER		Etchison rick, Md	& Son		24. Was disease or injury in any way related to occupation of deceased? 27.0				
3	-		0	0	()		If so, specify				
1	20.	FILEO 5-0	St., 1	, 05. Jr	a. t.n.	C. Curly Registrar.	(Signed) a Talket Gruce M.D.				
				If more l	lanks are needed. a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	JRTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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certificate.

See instructions on back of

important.

TION is very

-WRITE PLAMLY,

PHYSICIANS should state JRD. Every item of inforof OCCUPA. Exact statement WITH UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF UDACH in plain terms, so that it may be properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

T to the		23	0
County <u>Frederick</u>	*****************	Registration Dist. No. 13	
Village or City TATE SANAT	27147444444	No. St., St., steady occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occu	rred yrs, 4 M	s. 2 ds. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NAME Carl Allan	tubbard.		
(a) Residence: No. Cedarhurst		. St. Ward Maryland.	
	ual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR D	LE, MARRIED, WIDOWED, IVORCED (write the word) Aarried.	21. DATE OF DEATH October 2 (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hubbar	rd.	22. I HEREBY CERTIFY, That I attended May 8 ,1935 , to Oct 2 Ilast saw h im alive on Oct 2 ,19 35	
6. DATE OF BIRTH (month, day, and year) Apri	1 11 1898	I last saw h. i M alive on Oct. 2 ,19 35	: daath is said
	ays If LESS than	to have occurred on tha date stated above, at 12 • 20 Pme M •	-, 0444713 3414
37 5 21	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Date of the sale
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	T. LIS VAIL		Date of onset
SAWYER, BOOKKEEPER, etc	nt		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	oad	Pulmonary Tuberculosis	Jan. 1935
10. Date deceased last worked at	I. Total time (years)		1930
this occupation (month and April 9	35 Spent in this 15Yrs		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country) Marylan	d .	Tuberculous Enteritis.	-
置 13. NAME William Henry H	ubbard		
13. NAME William Henry H 14. BIRTHPLACE (city or town) (State or country) Marylan	d .	Name of operation none Pos. Sputdeton What test confirmed diagnosishest X Ray Was there an	
		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) (Stata or country) Maryland.		Where did Injury occur?	, 19
17. INFORMANT Carl Allan Hubb	ard	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACF
(Address) Cedarhurst. Md.	W. W.A.	- The state of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Finksburg , Md Date	Unknown., 19	Nature of Injury	**
19. UNDERTAKER Harvey Bankard	P	24. Was diseasa or injury in any way related to occupation of deceased?	no
(Address) Westminster Ale	A.	If so, specify 1. F. T. T. T. T.	
20. FILED 235 19		(Signed) Leward o. Maffe	M. D.
	Registrar.	(Address) State Sanatorium	· My

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ARGIN RESERVED FOR BINDING

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STATE	OF	MARYI	AND-	CERTIE	ICATE	OF	DEATH
SIAIL	OI	MIVIL	שוות	CLIVIII	ICAIL	OI	DEALL

1	. PLACE OF DEA	TH			940	
	County Frederi	ick .		1 - 1: 11	Registration Dist. No. /3/	
	Village or City Fre	derick	TRIM COPPER	ate limits al	477 70 100 100 100 100	Vard
	Length of residence In ci	ity or town where	death occurred	yrs, 18mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME CH	marles Ch	ristian 6	Ichnson	If U.S. Veteran specify WARNone	
	(a) Residence: No	411 Fair	rview Ave (Usualplace		St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
na	1e 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married				21. DATE OF DEATH Oct. 1st., 193 5 (Month) (Day) (Yeer	
5a. If married, widowed, or divorced HUSBAND of Lelia Glover (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased Oct. 1, 1935 to Oct. 1st., 193	
6.	DATE OF BIRTH (month, day	y, end year)	ov. 18, 1	852	I last saw h im alive on upon arrival 19 death is	sald
7. /	AGE Years 82	Months 10	Days 13	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 2 • 30A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER.	etired Me	rchant	angma perlans Date of o	nset
UPAI	Industry or business in work was done, as S SAW MILL, BANK, e		eral Mds.			
000	10. Date deceased last wor this occupation (more year)	ked et Feb. 3	31 11. Total t	ime (years) 50 nt in this upation		
12. BIRTHPLACE (city or town) Manteo, Va. (State or country)					Other Coutributory Causes of Importance:	
7	**	N. Johns	s on		hypu liverass.	
FAIH	14. BIRTHPLACE (city or to	wn) Virgin	nia		Name of operation	
2	15. MAIDEN NAME Min	erva Chr	istian		What test confirmed diagnosis? Was there an au'opsy?/	10.
MOINE	16. BIRTHPLACE (city or to (State or country)	Vince			23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19	
17.	INFORMANT Henry (Address) Fred	B. Simpso erick, Mo	on,		(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,	
18.	BURIAL, CREMATION, OR R		. Wafe 10/	2/35 , 19	Manner of Injury	
19.	UNDERTAKER M. R. (Address) Frede	Etchison rick, Md.			24. Was disease or injury in any way related to occupation of deceased? 20	
20.	FILED 1-Q CK.	1935.2	ne	na Ganor Registrar.	(Signed) P. W. Ban (Address) Fledenico 1119	M. D.
-						

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
II.	- Charles			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-PHYSICIANS should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	- 1	16	13	8	0+
1	1	U	5	ì)

	1. PLACE OF DEATH	03-0
	County F-redence	Registration Dist. No. 2
	Village or City Indean Springs	No. St. Ward
	2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
1	2. FULL NAME Mrs. Nelen young	Tolmson 1
	(a) Residence: No. Indian Stains	at Co. monard . Trul
	(U dal place of ab de)	if nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Female White Widerned	(October 76, 198 3
	5e. If married, widowed, or divorced	(Wonth) (Day) (Year)
	(or) WIFE of Balance	22. JHEREBY CERTIFY. That I ettended deceased from
	- vaux juinen	Oct 16 ,1935, to Oct 76 ,1935
te.	6. DATE OF BIRTH (month, day, end year) July 24-1863	I last saw h_e2_ elive on 24
certificate	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at &
rti	72 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
	8. Trade, profession, or perticular kind of work done, es SPINNER O	Date of onset
jo	SAWYER, BOOKKEEPER, etc. Colined Joursem	Sendity
back	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked as the company of this operation (month and this operation (month and this operation (month and this operation from the operation (month and this operation from the operation fr	Primary Cause: Chronice songocorditiss
	SAW MILL, BANK, etc	Amotion; three monther cuts or
no	This cook parion (month and 1/1 /2)	and the second s
instructions	year) occupation 7	Other Contributory Causes of importance:
cti	12. BIRTHPLACE (city or town) Jeeden fr Camp	
tru	(State or country) manyland	acute myraclal Recognement
ins	13. NAME MC Chintock Journey 14. BIRTHPLACE (city or town) Fred Washington	
See	14. BIRTHPLACE (city or town) Free Washington	Name of operation Oate of
02	(State or country) than Land D.C.	Whet test confirmed diagnosis? Wes there an au'opsy?
nt.	15. MAIOEN NAME Jonisa Malesbey 16. BIRTHPLACE (city or town) New Market	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	5 16. BIRTHPLACE (city or town) Row Market	Accident, suicide, or homicide? Date of injury 19
ıpo	(State or country) Frederick	Where did injury occur?
	17. INFORMANT Eloise Emclish	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
very	(Address) Indian Shing	
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
コン	Place Inf Clined Com Date Oct 28, 1935	Nature of injury
TION	19. UNDERTAKER Hang E. Carly Con	24. Was disease or injury in any way related to occupation of deceased?
H	(Address) Frederich Dro	If so, specify
	06 00 2-01	(Signed) It Laurence Fahrey M.D.
200	20. FILEDO 8 - Q S., 19 2 5. Us Try - (Registrat.)	(Address) Freduick Mal
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
		-7 Courter officer, Danishore, Requesting C. O. 170, 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1333	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11036
1. PLACE OF DEATH	(93-0)
County Frederick	Registration Dist. No. 144
Village or City Wilca	No. St Ward
Length of residence in city or town where death occurred 50 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hop long in U.S. if of foreign birth?
2. FULL NAME LEONAS Harris	ontambert
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH 193
5a. If married, widowed, or offorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22 I HEREBY CERTIFY That Lattended deceased from
0 = h 1 = 1873	195, to Ut
6. DATE OF BIRTH (pronty, day, and year) 7. AGE Years Months Deys if LESS than	last saw h the elive on
() 1 day,hrs.	to Jave occurred on the dete stated above, at
Z 8. Trade, profession, or perticuler	Date of one et
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	Chronic Musicaldia.
9. Industry or business in which work wes done, es SILK MILL, Our farm	9
10. Date decessed last worked at 11. Total time (years)	Unden death - pertoly
this occupation (month end May 35 spent in this 40 occupation	au auturn,
12. BIRTHPLACE (city or town) Melle soulle (State or country)	Other Contributory Causes of importence:
E 13. NAME Alarid M. Tambert	
14. BIRTHPLACE (city or town) Palker Sville	Nama of aparation
(State or country)	Neme of operation Dete of What test confirmed diagnosis? Wes there en eutopsys
15. MAIDEN NAME Farmer Torres 16. BIRTHPLACE (city or town) Talkers rule	23. If deeth was due to externel ceuses (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Malkersville	Accident, suicide, or homicide? Dete of injury 19
(State or country)	Where did injury occur?
17. FNFORMANT Many Lydia Tambert (Address) Legwis Common Many	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plece Dete UCA 10, 1935	Neture of injury
19. UNDERTAKER M. J. Celeage Colon (Address)	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED Oct. 9 19.35 Amma M. Jones	(Signed) M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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MA		Jo	pli	CC	
		item	shor	o jo	
		Every	CIANS	ement	
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SNIUNIA AC	DITIO	A PERMANENT RE RD. Every item of infor-	ted EXACTLY. PHYSICIANS should state	operly classified. Exact statement of OCCUPA.	
2		RM	×	cla	
2	3	PE	国	·]y	
20	776	N	ted	per	

STATE OF MAI	RYLAND—CERTIF	ICATE O	F DEATH
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2	- 11	2 1	18	4,
- 1	- 1	17	3	1
1	-8	1	U	6

1. PL	ACE OF	DEAT	H			93-0	
Co	ountyF	reder	ick			Registration Dist. No. 13.8	
Vil	llage or Cit	y P	artonsv	ille		No Bastonisa Il o	Mord
Lei	ngth of reside	ence in city	v or town where	death occurred	30 yrs mai	f death occurred in a horpital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	
				ce Virgin		Λ_{I}	ds.
				ille, Md.		If U.S. Veteran specify WAR.	
(4)) Residence	3: NO 44	ar consv.	(Usual place	of abode)	St., Ward. If nonresident give city or town and Sta	le
PI	ERSONA	LAN	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		4. COLOR	OR RACE		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH October 8th	3 5
HUSE	ried, widowed BAND of WIFE of	l, or divor		es W. Lea	98	(Month) (Day) 22, I HEREBY CERTIFY, That I attended dece	(Year)
6. DATE O	OF BIRTH (m	onth, day,	1441		,1870	I last sew her alive on (19); do class design	19
7. AGE	Years		Months	Days	If LESS than	to have occurred on the date stated above, at 11:30PmM.	
	65		2	4	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ite of onset
9. In	ade, professi kind of wor SAWYER, B	on, or par k done, a DDKKEEP	ticular s SPINNER, ER. etc.	Housewif	e	Exardio Renor descert	930
9. 1pc	dustry or bu	siness in	which			Gremory Couse: Ch hronic myocardities Carter	
3 40	work was d SAW MILL, ate deceased	BANK, et	C	At Home		hronic mescanditio	
0	this occupa	tion (mont	hand 7/28	Spai	me (yeers) it in this 35	J. S.A.	
an Dinzer					pation	Other Contributory Causes of importance	
	PLACE (city of atta or countr		Mary!	la.nd		alluollust	
2 13. NA	AME	John	Ragan		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
13. NA 14. BIF	RTHPLACE (city or tow	n)			Name of operation Date of	
<u></u>	(State or co		Irela	V		What test confirmed diagnosis? Was there en au'op	sv7
15. MA	AIDEN NAME		Mary Jan	ne OHaro		23. If death was due to external causes (VIDLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
p-a)	RTHPLACE (n)		***************************************	Accident, suicide, or homicide? Date of injury	, 19
	(State or co			land		Where did injury occur? (Specify city or town, county and State)	
(Ad	ddress) Ba	arton	Daniel (C. Main Id		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
	, CREMATIO			Date 10/	19/75	Manner of injury	
Plac	Ce44 54 9_	Vali	or neme	Date	12/00,19	Nature of injury	
19. UNDERT			Etchison			24. Was disease or injury in eny way related to occupation of deceased?	D
(Ad	idress)	Fred	erick, Ma	ryland	2 2	If so, specify	1
20. FILED_	10-10	, 19.	35 Luci	nes Ket	alconer	(Signed)	LM. D.
					Registrar.	(Ardress) Free Algela 11 Cg	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	R STATEMENTS	BY	PHYSICIAN
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	County	# and	14		Registration Dist. No. 144
1	/ Village or City_	There	most	(11	No. St., St., death occurred in a horpital or institution, give its NAME instead of street and number)
/		in city or town where	deeth occurred	yrsmos	ds. How long in U.S. If of foreign blrth?yrs,mos
1 2	. FULL NAME	dans	a Ver	guna	Lewis
/	(a) Residence: N	(0	(Usual place	e of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Zmall 4.0	COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye
5e.	If married, widowed, or HUSBAND of (or) WiFE of	Hovker	Lei	vis	22. HEREBY CERTIFY. That i attended deceese
6.	DATE OF BIRTH (mont	h, day, end year)	19	u 1863	1931, to 00 4 19 19 19 19 19 19 19 19 19 19 19 19 19
	AGE Years	Months	Deys	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 10 p. m.
-	12	3	5	ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
NO	8. Trade, profession, kind of work of	lone, as SPINNER,	House.		6 1 0 7
CCUPATION	9. Industry or busine	as SILK MILL.	Louse	wik	Oleron (sternos diron, Sep
000	10. Date deceased las this occupetion year)	t worked et	Sp:	time (yeers) ent in this 72	
12.	BIRTHPLACE (city or t	own)		/	Other Contributory Causes of importanco:
~	(State or country)	mo	irylan	ed	
FATHER	13. NAME	dam I	Lelbac	gh	
FAT	14. BIRTHPLACE (city (State or count	or town)	erela	nd-	Name of operation Dete of
ER	15. MAIDEN NAME	· lashel	10 4	200	What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city	or town) %	same b	7001	23. If death was due to external causes (ViOLENCE) fill in elso the following: Accident, suicide, or homicide? 19. Accident, suicide, or homicide?
E	(State or coun		Tony !	ond-	Where did injury occur?
17.	INFORMANT (Address)	outer.	Lewin	·	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, er in PUBLIC PLACE.
18.	BURIAL, CREMATION, Place.	0	Date Oct	6ch 1935	Menner of injury
19.	UNDERTAKER (Address)	Mhide	El Core	egen.	24. Wes disease or injury In eny way related to occupation of deceesed? Two
20.	FILED. Oct. 6.	., 1935 lin	na M.	Registrar.	(Signed) dung they (Address) - thurmant md.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

193 5

(Year)

Date of onset

early

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FOR BINDING ARGIN RESERVED

infor-OCCUPA. should Jo Every PHYSICIANS statement ORD. PERMANENT CIL classified certificate. properly THIS may back should on that instructions UNFADING supplied. See plain carefully important. in DEATH should be

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick County Registration Dist. No. Mt Pleasent Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) ent give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH r'emale OR DIVORCED (write the word) White October Larried (Month) 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of Lochner Lewis Oct 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the data stated above, at 91,20 Am Years Months Days If LESS than 1 day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc Carcinoma kectum 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) Hemorrhage FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_ Was there an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) None (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOM Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Registrar, (Address) _.

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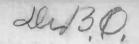
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis VV a 1440	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No

state item of infor-OCCUPA-1. PLACE OF DEA pluods Alf death NAME instead of street and number) PHYSICIANS How long in U.S. if of foralgn birth ? PERMANENT RECORD. Every Length of residence in city statement U. S. Veteran, specify WAR. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 21. DATE OF DEATH (Month) (Day) (Year) classified. 5a. If marriad, widowad, or divorpe HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of V 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yaars Months If LESS than to have occurred on the date stated above. stated 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. SI ware as follows: Date of onset 8. Trade, profession, or particular OCCUPATION THIS kind of work done, as SPINNE be be Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... may back plnods INK 11. Total time (years)
spent in this
occupation 10. Date daceasad last worked at this occupation (month and on AGE that occupation ... WITH UNFADING instructions 80 12. BIRTHPLACE (city or town) (Stata or country) supplied. n terms, FATHER 13. NAME See 14. BIRTHPLACE city or town (State or country) carefully What tast confirmed diagnosis? Was thera an autopsy? MOTHER important: 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicida? Date of injury..... 16, BIRTHPLACE (city or town) OF DEATH (State or country Whare did injury occur?_ should be (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. WRITE PLA 17. INFORMANT very (Addrass) Manner of injury S CAUSE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of decaased? 19. UNDERTAKER If so, spacify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 5 1935	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



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Exact statement

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19. UNDERTAKERM L. Creager
(Addiess) Thurmont

I in plain terms, so that it may be See instructions on back of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11041
1. PLACE OF DEATH	(2)
County Frederick	Registration Dist. No. 139
Village or CitSTATE SANATORIUM. M	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 3. St., ward institution. St., ward number of street and number of street
2. FULL NAME George H. McDuell (a) Residence: No. Seat Pleasant, Prince (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Married Married	21. DATE OF DEATH October 2I 193 5 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Mc Duell	22. I HEREBY CERTIFY, Thet I attended deceased from Oct. 16 35 to Oct. 21 19 35
6. DATE OF BIRTH (month, day, end year) Sept. 9 1865 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3.25 Pm M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonary Tuberculosis Feb. 1935
12. BIRTHPLACE (city or town) Washington, D.C.	Other Contributory Causes of importance:
3 13. NAME John L. McDuell	Tuberculous Laryngitis
14. BIRTHPLACE (city or town) Washington, (State or country) D.C.	Neme of operation none Pos. Sputure of What test confirmed diagnoschest X Ray Was there an autopsyno
15. MAIDEN NAME Martha A. Hunter	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Washington, (State or country) D.C.	Accident, suicide, or homicide?
17. INFORMANT George H. Mcduell (Address) Seat Pleasant, Md. 18. BURIAL, CREMATION, OR REMOVAL	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Washington, D. Conte Unknown, 19	Manner of Injury

Registrar.

If so, specify (Signed)

24. Was disease or Injury In any wey related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	~ 11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis B ASS	1915	Attack of epilepsy .	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
the second secon	- 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		• • • • • • • • • • • • • • • • • • • •		

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

is very important. See instructions on back of certificate.

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Exact statement

1. PLACE OF DEATH ·	93-6
County Frederick	Registration Dist. No. 1-3-4
/ Village or City wit. At Many	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrsyrs	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary anna. 110	uer
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Female While Married worte the wor	1835
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of James 6. Miller	22. HEREBY CERTIFY, Tight attended decessed from
10 -11/2 1011	4 Hast sew her elive on OCC 1935 death is said
7. AGE Years Months Oeys If LESS th	730
y a /4 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence
8. Trede, profession, or particular	were as follows: Museander Oate of paret
8. Trede, profession, or particular kind of work done, as SPINNER, Housewoolk SAWYER, BOOKKEEPER, etc.	
9, Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
this occupation (month end Och 8 spent in this 4	5
12 BIRTURI ACT (silvers to an A. C.	Other Contribulery Causes of Importance:
(State or country) Aunden Englar	id when our succession
13. NAME Michaell Corcorn	
13. NAME Michaell Corcord	Neme of operation
(State or country) Seland	Whet test confirmed diegnesis? Was there en autopsy? Was
15. MAIOEN NAME Work Howw	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
S (Stete or country) Want Grown	Where did injury occur?
17. INFORMANT Farmer 6. Miller	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Emmissionery Find 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL	4
Piece Hat - Connetery Dote och 119	Menner of injury
1.11611	neture of injury.
19. UNDERTAKER VILLIMOU & TORREGER (Address) Thurmonk Find	24. Was disease or injury in any way releted to occupation of deceased?
20. FILEO Det 10, 19 35 U. J. Shuff	(Signed) M. D. (Address) Committed M. D.
	trat, 241x N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis R C C V	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 4 1905	July 5, 1927	Peritonitis	3 days ago	
EUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County___ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred __mos.____ds. How long In U.S. if of foralgn birth?_____yrs.____mos.____ds. If U.S. Veteran specify WAR (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 1920 6. DATE OF BIRTH (month, day, and vaer) 7. AGE If LESS than Months Devs to have occurred on the deta stated above 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ 10. Date dacaasad lest worked at 11. Total time (yaars) this occupation (month and spant In this occupation _____ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) Was there an eutopsy? MOTHER 15. MAIDEN NAME M 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide? Date of Injury 16. BIRTHPLACE (city or town). (Steta or country) Where did injury occur?.... (Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 19. UNDERTAKER (Addrass) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 25 120 CASI W	2 1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
omer contributory causes of importance.		Onici continuatory causes of importance.			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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See instructions on back of

CAUSE OF DEATH in plain terms, so that it may ITON is very important.

N. B.-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(46°E)
County frederick Within the Corps	Registration Dist. No. 13
Willage or City Frederick	No. 271 M. Patrek St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ————————————————————————————————————
To a of me	./
4 - la 0	If U. S. Veteran, specify WAR /VO
(a) Residence: No. 27/ Patrick (Vaualplace of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH -
Kurch White OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of Menshower	22. I HEREBY CERTIFY. That lettended deceased from
S DATE OF RIPTH (month day and star) June 12-1863	I last saw here eive on OCK 35 death is seid
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days if LESS than	to have occurred on the date stated abova, at
75 4 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	were es follows:
kind of work dona, as SPINNER, Cettered SAWYER, BOOKKEEPER, atc.	(ascruone 1) tomach.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and yaar) spent in this occupation	
Mercanollo	Other Coutributory Causes of importance:
12. BIRTHP LACE (city or town) (State or country)	
I 711 (1:00	Name of operation.
4 14. BIRTHPLACE (city or town) / Control (State or country) / Mach	What test confirmed diagnosis? Was there an autopsy? Man
15. MAIDEN NAME Elizabeth Cost	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Cost 16. BIRTHPLACE (city or town) reas Pregensiell (State or country)	Accident, suicida, or homicida?
(State or country)	Where did Injury occur?
17. INFORMANT Col. E. F. Munshow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1930	Nature of injury
19. UNDERTAKER OE Clice Hog	24. Was disease or injury in any way related to occupation of daceased?
(Address) freduces tred.	If so, specify
20. FILED 23 - Q ch, 1925. Dis & h. C. Curly	(Signed)
Registrar.	(Address) July Ville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. & O Kinna

V. S. No. 1

	tem of infor-	should state	f OCCUPA.	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IAKGIN KESEKVED FOR BINDING	RMANENT RE	XACTLY.	classified. Ex	
ED FOR B	HIS IS A PE	be stated E	be properly	of certificate
KESEKVI	ING INK-T	AGE should	that it may	tions on back
ARGIN	ITH UNFAD	lly supplied.	plain terms, se	See instruct
•	LAINLY, WI	uld be carefu	P DEATH in 1	TION is very important. See instructions on back of certificate.
)	-WRITE P	mation sho	CAUSE OF	TION is ve

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
		IVIA VIA I E	AIL	CLIVIII	CILL		

1. PLACE OF DEATH	L OI MAIN	LAND		11045
County Frederi	ck		Registration Dist. N	0. 147
Villege er-City Mt.A Length of residence in city or town	iry.,	(ii	NO. f death occurred in a hospital or institution, give its NAME insteadds. How long In U.S. if of foreign birth?y	St., Ward
2. FULL NAME Ch (a) Residence: No.	201 4 4	ry,Md.	St., Ward. If nonresident give city	or town and State
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RAM	OR DIVORCE	RIED, WIDOWED, D (write tha word) rried	21. DATE OF DEATH Oct. 1 (Month) (D	1, 193_35
5a. if married, widowed, or divorced HUSBAND of Mrs. H	attie Norw	ood	22. I HEREBY CERTIFY, The	
6. DATE OF BIRTH (month, day, and year	1903-3-6		i last saw h alive on	
7. AGE Years Mor	nths Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5:508 m. The PRINCIPAL CAUSE OF DEATH and related causes of imperent as follows:	
8. Trade, profassion, or perticular kind of work done, as SPINN SAWYER, BOOKKEPER, atc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date daceased last workad at this occupation (month end pear)	11. Total t	Lver ima (yaars) nt in this upetion 8 yrs	Lobar Pneumonia	Daylo of /naet // 6/34
12. BIRTHPLACE (city or town)	Carroll Co)	Other Contributary Causes of Importance: Cardiac Dilitation Pulmonary Oedema	10/10/25
13. NAME Abner Nor			- ratingitary ocacina	
13. NAME Abner Nor	Frederick Marvla		Nama of operation	
15. MAIDEN NAME Gert 16. BIRTHPLACE (city or town) (State or country)	rude Spurr Carroll	ier Co.	23. If death was due to axternal causes (VIOLENCE) fill in also Accident, suicide, or homicide? Dete of i	the following:
17. INFORMANT Mrs. Hat		3	Where did injury occur?(Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or i	ounty and State) n PUBLIC PLACE.
(Address) Mt.Ai 18. BURIAL, CREMATION, OR REMOVAL Placa Pine Grove			Manner of Injury	
10	Walta/		24. Was disease or injury in any way related to occupation of lf so, specify	
20. FILED Och 1 3 1935 C	apphil.	Registrar	(Signed) Starley Starley (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GEGEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 1900	July 5,1927	Peritonitis	3 days ago
SHOPAU V. S.			
Other contributory suses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1046
1. PLACE OF DEATH	94-6	
County Friderick	Registration Dist. Np. 1	3/
Village or City Frederick County Green	genory Hospital st.	Ward
Length of residence In city or town where deeth occurredmos.	death occurred in a hospital of institution, give its NAME instead of street and re- under the word of the word of the street and re- word of the word of th	
2. FULL NAME Jerome shiliks	No Vetera No	
(a) Residence: No. DY line houts all	Finederwerds	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>5</u>
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. C I HEREBY CERTIFY, Thet I ettended	
Jant 19 1854	I last saw hand alive on Oct / 1935	: death is said
5. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, at 11,45 cm.	; death is said
80 13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:	,
8. Trede, profession, or perticular 0 4	were as ronows.	Data of onsat
sawyer, BOOKKEEPER, etc		
J9_Industry or business in which work wes done, es SILK MILL,	Cononarythrombous	5-4130
SAW MILL, BANK, etc		350
this occupation (month and way 34 spent in this 60 occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country) Mary and	and selection	1925
13. NAME John Bhilips		
14. BIRTHPLACE Lity or town) — Deminary	Neme of operation	
(State or country)	Whet test confirmed diegnosis? Wes there an a	utopsy?20
15. MAIDEN NAME UNKNOWN	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Yelmany	Accident, suicide, or homicide? Dete of Injury	, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Puth String Clerke. (Address) Mary January Horological	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ČČE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Manufacture Dete. Dete. 19.7. 19.7.	Nature of Injury	
19. UNDERTAKER // R. Celchison of Son (Address) Jackensky Mid	24. Was disease or injury in any wey related to occupation of deceased?	no
20. FILED 2-0 . , 1935. 200 Mc Grade Registrary	(Signed) Blookersh & Bulleville &	M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	1 3 5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11047
1. PLACE OF DEATH	82-00
County Fredericlo	Registration Dist. No.
Village or City My contenue Hosk	taul St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs mos.	ds. How long In U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME CITCHUY Disey	(Wellian of ma war)
(a) Residence: No. OSuchety Court	St., Wards. Successful to the state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male Colored OR DIVORCED (write the word)	Oct, 9,1933
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
(or) WIFE of 6-saie Colors	22. HEREBY CERTIFY, That 1 attended deceased from
1884 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 100 100 100 100 100 100 100 100 100
6. DATE OF BIRTH (month, day, end year) V 7. AGE Yeers Months Deys If LESS than	I lest saw heather elive on OCT 9, 1935; deeth is seld to have occurred on the date stated above, at 9:30, 4m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
8 Trade profession a particular	were esfollows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end to this procupation (month end to this pro	Certiful Lumandiage al 2
Industry or business in which work was done, as SILK MILL	left henysleggia 35
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceesed lest worked et this occupation (month end \$/\$5 spent in this occupation coupetion coupetion 3.0	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	
	Certero-Selerosia 1432
E Par	
(Stete or country)	Name of operation
IS. MAIDEN NAME	What test confirmed diagnosis? Wes there an eulopsy?
16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIDL ENCE) fill In elso the following: Accident, suicide, or homicide?
(Stete or country) Mary Cana,	Where did injury occur?
17. INFORMANT Stuly Stuly Clark	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) mortemed Nos betal	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece/ tope fell lim Detally, 1933	Neture of injury
19. UNDERTAKER Al. S. Ctchison Jone	24. Wes disease or injury in eny way releted to occupation of deceesed?
(Address) Trederick Md.	
1 - 9 ()	If so, specify
20. FILED// - Oct., 1935 Drs J. Mc Cardy Registrat.	(Signed) (Address) Product M.D.

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Example I- VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis and I STATE W. C.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis NOV 4 1935	1921	Run over by street car	1 weck ogo
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			3 500

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

Exact statement of OCCUPA.

1. PLACE OF DEATH	(07:0)
County Frehnick	Registration Dist. No. 132
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME Herman to Routz	hy If U. S. Veteran, specify WAR X6
(a) Residence: No. Mcddletoru (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH O 5 ,193 S (Year)
5a. If married, widowed, and worked - HUSBAND of widowed marked marked & Sefaure	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) January 13-1848 7. AGE Years Months Oayl If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1367 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, The Survey Sawyer, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc. 10. Date deceased last worked at OCK 13.7 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Huan Mulletton (State or country)	Bronchial Preumonia ?
13. NAME John Routzah 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 7. Level Color Country)	Name of operation
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Middleton, Jud. Oate Oct. 7, 1935 19. UNDERTAKER (Address) 20. FILED Oct. 0, 19344) 20. FILED Oct. 0, 19344) 20. FILED Oct. 0, 19344	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
Registrar.	(Address) traderick

V. S. No. 1

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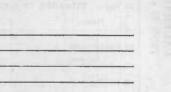
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The same of the sa	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5, 1927	Pcritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:



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nfo	sta	JP4	
f i	PI	SCI	
m	nou	ŏ	
ite	S	of	
ry	NS	nt	
Eve	MI	eme	
D.	SIC	tate	
	AH	t s	1
9	P	cac	1
R	Y.	国	1
N	L	d.	/
NE	CI	ifie	1
MA	A	ass	
ER	EX	C	e.
P	p	erly	cat
S	ate	cop	rtif
H	S	d	e
E/O			-
HIS	pe	be	Jo
THIS-	ald be	lay be	ack of
IK-THIS	should be	t may be	n back of
INK-THIS	E should be	at it may be	s on back of o
NG INK-THIS	AGE should be	that it may be	ions on back of
DING INK-THIS	I. AGE should be	, so that it may be	uctions on back of o
FADING INK-THIS	lied. AGE should be	ms, so that it may be	istructions on back of o
UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	e instructions on back of o
II UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	See instructions on back of o
VITH UNFADING INK-THIS	'ully supplied. AGE should be	plain terms, so that it may be	it. See instructions on back of o
, WITH UNFADING INK-THIS	rrefully supplied. AGE should be	I in plain terms, so that it may be	tant. See instructions on back of o
LY, WITH UNFADING INK-THIS	e carefully supplied. AGE should be	ATH in plain terms, so that it may be	portant. See instructions on back of o
Y, WITH UNFADING INK-THIS	be carefully supplied. AGE should be	EATH in plain terms, so that it may be	important. See instructions on back of o
PLA LY, WITH UNFADING INK-THIS	ould be carefully supplied. AGE should be	F DEATH in plain terms, so that it may be	ery important. See instructions on back of
E PLA Y, WITH UNFADING INK-THIS	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	s very important. See instructions on back of o
WRITE PLA LY, WITH UNFADING INK-THIS IS A PERMANENT RE D. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ION is very important. See instructions on back of certificate.

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	11050
1. PLACE OF DEATH) MARTEAND	CERTIFICATE OF BEATTI	- 1
County Frederick Village or City Frederick	Within the Corporate no	No. 218 Dill Ave	3 / Ward
	death occurred 48 vrs mos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?yrs	number)
2. FULL NAMEMrs. Mary C		If U.S. Veteran specify WAR	103
(a) Residence: No. 218 Dill	Ave (Usual place of abode)	Ward. Ward. If unresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE female white	5. SINGLE, MARRIED, WIDOWED, OR O.VORCED (write the word) married	21. DATE OF DEATH October 2nd. (Month) (Dev)	, 193 5 (Year)
e. If married, widowad, or divorcad HUSBAND of G. Wm. Ship (or) WIFE of	ley	22. I HEREBY CERTIFY, That I attended	
. DATE OF BIRTH (month, day, end year) Apr	il 27. 1877	I lest sawh er alive on Clark, 2 1935	2: death is said
. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 4 A	-, ueath is said
48 5	5 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH end ralated causes of Importance were as follows:	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Housewife Lt home	Trema	Sept; 25
10. Date deceased lest worked at this occupation (month and year)	11. Total time (yaars) 30 spent in this occupation		
2. BIRTHPLACE (city or town) Maryland (State or country)	1	Other Contributory Canses of Importance: Change parently se we hephritis	1932
13. NAME Martin L. Shuffl	ler		
14. BIRTHPLACE (city or town) Mary (Stata or country)	land	Name of operation Date of What tast confirmed diagnosis? Was there an	no
15. MAIDEN NAME Irene Poole		23. If daath was due to external causas (VIOLENCE) fill In elso the followin	
16. BIRTHPLACE (city or town) Maryls (State or country)	ınd	Accident, suicide, or homicide? Date of Injury	•
7. INFORMANT G. Wm. Shipley (Address) Frederick, M	Md.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
8. BURIAL, CREMATION, OR REMOVAL Place Mt. Clivet Cem.F1	redate Oct. 4, 19 35	Mannar of Injury	
9. UNDERTAKER M. R. Etchison (Address) Frederick, Md.	& Son	24. Was disease or injury in any way ralated to occupation of daceased?	w
0. FILED 4-0 J., 1935.2	Registrar.	(Signad) (Address) Inderect (M. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

AD. Every item of infor-

Exact statement of OCCUPA.

PHYSICIANS should state ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

B.—WRITE PLAILLY, WITH UNFADING INK—THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEA	тн		-	- (35C)	
	CountyF	red	erick			Registration Dist. No. 144	
	Village or Ci	tyl	Vear T	nurmont		NoSt.,	Ward
	Length of resid	lanca In ci	ty or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number death	
	2. FULL NAM					If U.S. Veteran specify WAR.	us.
F							*********
	(a) Residence	e: No	Thur	(Usual place	Outside)	St., Ward. If nonresident give city or town and State	
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 18th.	35
	Female		White	Singl		193.	Year)
5a.	If married, widowe HUSBAND of	ed, or divo	rced			22. JHEREBY CERTIFY, That I attended decea	and from
	(or) WIFE of					7/26" 1935 to 10/18	937
6.	DATE OF BIRTH (month, da		tober	15th.186		th is said
	AGE Year		Months	Days	II LESS than	to have occurred on the date stated above, et	
		7T		2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trede, profes	sion, or pa	articular F	House wo	rk	Dat	e of enset
10			PER, etc	10 00 0 110		Cerebral Hemorhage 101	10/30
OCCUPATION	9. Industry or b	done, as S)wn ho	me		/
ប្ដ	10. Date decesse			11. Total t	ime (veers)	Mroue Myorandelis	
0	this occup		nth and 192	Spa oct	ime (yeers) nt in this upation25		
			Near	Thurmor	it	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city (State or coun			Md			
2	13. NAME	Geor	ge 5mi	.th			
FATHER				urmont	_	Name of counting	
FA	(State or		wn)		id	Name of operation Date of Was there an autops	
ER	15. MAIDEN NAM	ΛE	Mangang	t Frol	C tr	23. If death was due to external causes (VIOL ENCE) fill In elso the following:	y !
MOTHER	16 RIPTHPLACE	(city or to	wn) Thu	rmont	-3	Accident, suicide, or homicide? Date of Injury	19
ž	(State or		/III/	h.v.		Where did injury occur?	
17	INFORMANT	Mrs	Ross	Wolfe		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	(Address)		Thurmo	nt. Md			
18.	BURIAL, CREMATI		TOWN .	Oct	. 20., 35	Manner of injury	
_	Place			Date	, 19	Nature of Injury	
19	UNDERTAKER	M	L. Gr	eager 3	son.	24. Was disease or injury In eny way related to occupation of deceesed?	2)
_	(Address)		Thurmon	nt. WI		If so, specify	
20.	FILED Of	19	1935- Um	na M.	Lougo	(Signed) Morris al Durly	M. D.
	4 1	,,			Registrar.	(Address) / Lauren out Mi	M.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5, 1927	Peritonitis	3 days ago
BUREAU Y S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING	
FOR	
RESERVED	
IARGIN	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11052
1. PLACE OF DEATH	82-0
County Treclerice	Registration Dist. No. 140
Village or City Legore	NoSt.,Ward
Length of residence in city or town where leth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsds.
2. FULL NAME William Jacob	Christo waren in my wor
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Grice the word The service of divorced and divorced are service to the word and divorced are service to the word and divorced are service to the word are service	21. DATE OF DEATH Oct. (Month) (Day) 1935 (Year)
HUSBAND of College Smith	22. Oct 1 HEREBY CERTIFY, Thet I ettended daceased from
6. DATE OF BIRTH (month, day, and year) Men. 27 - 1864	l last saw h alive on Ocf , 9 - 1935; daeth is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at 2.3.7.m.
70 10 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance ware es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onsat Oct. 6-
SAWYER, BOOKKEEPER, etc.	Cerebral apopleyay
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and yeer) occupation	<u></u>
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Fredericke (State or country) 13. NAME facob South	Cirternos cleroses 10 gm
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (cit or town)	23. If deeth was due to externel causes (VIQLENCE) fill in elso the following:
	Accident, suicide, or homicide?
(State or country) Frederick Co	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT One (Address) Legore and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place 1111 - 710/12 - Certa Dete 9 1 1 1935 -	Nature of injury
19. UNDERTAKER The Surface (Address) The alrey	24. Was disease or injury in eny way related to occupetion of deceesed?
20. FILE Oct. 10. 1935 A B Powell Registrar.	(Signed) 6 C Stell M.D. (Address) Alordologo Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIDDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH

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4 4 4	STATE
infor- state UPA-	1. PLACE OF DEATH .
77	County Frederic
item of should of OCC	Village or City Frede
# " 0	Length of residence in city or town wher
Every IANS ement	2. FULL NAME Bertha
S. E.	(a) Residence: No. 304
st is	
E xact	PERSONAL AND STATIS
EX.	3. SEX 4. COLOR OR RACE
TA THE	Temale wellete
DING ANEN A C.T.I	5e. If married, widowed, or divorced
BINDING PERMANEN E X A C T I y class filed.	(or) WIFE of Mayon
BIN ER EX col	6. DATE OF BIRTH (month, day, end year)
7 A. 27	

1. PLACE OF	F DEAT	Η .	1		
County	Trea	Cerce	P	Ab	
Village or C	ity. F	reden	clo	the Qaren	See of
Length of resi	dence in city	or town where d	eath occurred o		f death
	B	7/	7	CI	0
2. FULL NA		rua (Jrane	es via	cag
(a) Residen	ce: No	0.770	(Usual place	re of abode)	
PERSON	AL ANI	STATISTI	CAL PART	ICULARS	
. SEX	4. COLOR	OR RACE		RRIED, WIDOWED, ED (write the word)	21.
Temale	ues	lute		isied	
ie. If married, widow RUSBAND of	ed, or divor	ced			22
(or) WIFE of	Sha	year	N. S	laley	22.
DATE OF BIRTH	month day	end year) 2	7	2883	H
. AGE Yea		Months	Oays	If LESS than	to
5	2	4	2	1 day,hrs.	Th
8. Trade, profe	ssion, or pai	rticular		2/	
SAWYER		S SPINNER, ER, etc.	oure -	Myles	
9. Industry or work we	business in s done, es Si L, BANK, ei	Which ILK MILL,		G	
10. Date deceas	ed last work	ed at . a a 1		time (years) /	- Si
year)	pation (mon	th end 1921	00	ent In this 22	Les
12. BIRTHPLACE (ci	ty or town)_	middle	cloum		Ot Il
uoo no estata)		mar	ylan	2	-
13. NAME &	dur	Lo/6	call	ent	
14. BIRTHPLACE	(city or tov	NI) Mua	dlele	men of	_ Na
	country)	ma	ylan	d	W
15. MAIDEN NA	ME ale	und	130	chlol	_ 23.
16. BIRTHPLACE		NI) mido	lleton		Ac
(State or	country)	ma	Lile	ud .	- WI
17. INFORMANT	nay	1segn	N. J	laley	- Sp
(Address) 1 18. BURIAL, CREMAT		Eden	h		
Place Zu	+ an	- 40	Date Oc	/ 11 ,1935	Ma - Ne
	7/-	5	1	Te	24.
19. UNOERTAKER	An	The	Land	nd	- If
20 51157/0 2	0	350	7	S. S.C.	
20 FILED U - CE	1	0~11	14 -1	ILA ULUT OF	Left -

Registration Dist. No. occurred in a hospital or institution, give its NAME instead of street and number) If U.S. Veteran specify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF DEATH Date of onset (Specify city or town, county and State)
secify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. ture of Injury (Signed)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
A1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RD. Every item of infor-

N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	11054
E DEATH . 93-C	

	1. PLACE OF DEATH	93-C)
	County Frederick	Registration Dist. No. 140
	Village or Cityeur Mew Midway	No. St., Ward
1	Length of residence In city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
		If U.S. Veteran specify WAR 200,
/	2. FULL NAMELECTIVE Fewar	
	(a) Residence: No. July Marvey (Usual place of abode)	St, Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DOVORCED (rupite tha word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
	0 .1 1- 1604	19 , to COO , 198J
te.	6. DATE OF BIRTH (month, day, end year) Usul 13-18 90	I last saw her alive on Oct 1, 1979; death is said
lica	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
certificate	45 3 V 16 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
oj o	8. Trada, profassion, or particular kind of work dona, as SPINNER,	(A)
A O	kind of work dona, as SPINNER. House—ware SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	Chrone my o curditio
back	9. Industry or business in which work was done, as SILK MILLemployed on Farm SAW MILL, BANK, etc.	
uo	work was done, as SILK MILLengled on tarm SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and spent in this spent in this	1
- 1	year) spent in this occupation with 31 occupation	
instructions	12. BIRTHPLACE (city or town) Chip & May	Other Contributory Causes of Importance:
ruc	(State or country)	Ogule deletation) Cerl
nst	13. NAME Venn stewart	head 1737
- 0	14. BIRTHPLACE (city or town) Change May	Neme of operation Date of
See	(Stete or country)	What test confirmed diagnosis? Was thera an autopsy?
ايد	# 15. MAIDEN NAME Comma Byong	23. If daeth was dua to external causas (VIOLENCE) fill in also the following:
important	5 16. BIRTHPLACE (city or town) Class Grooks	Accident, suicide, or homicide? Date of Injury 19
od 1	E (State or country) h. Tursey	Where did injury occur?
	17. INFORMANT MIS askerila Empires	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) 30 8 M. Carlham Jurey, Phila	
is v	18. BURIAL, CREMATION, OR REMOVAL	Mammer of injury
- 1	Place April 1104: 17 pate Och 7,1935	Nature of injury
LION	19 UNDERTAKER IS a Clamer	24. Was disease or injury in eny way ralated to occupation of decaesad?
1	(Addrast) modestoro Ma	If so, spacify
1	20 FILED Gel 2 133- L C Parise	(Signed) alway of Meller M.D.
1)	Registrar.	(Addrass) Delous ponds

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	Example I	il	Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1995	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	1	Other contributory eauses of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA pluods item of County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. iI of foreign birth? vrs. mos. statement If U.S. Veteran apecify WAR..... SD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR_DIVORCED (writathe word) PERMANENT CIL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of CERT (or) WIFE of 759 **(** certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Davs II LESS than to have occurred on the date stated above. 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance 5 or min. were as follows: Date of enset 8. Trade, profession, or particular OCCUPATION THISkind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may 1D. Date deceased last worked at 11. Total time (years) on this occupation (month end spant in this that occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied terms, HER See FATH Name of operation 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? _____ Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide?_______ Dete of injury________ 19. 16. BIRTHPLACE (city or town) DEATH (Stete or country be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE pluods 17. INFORMANT WRITE PLA very (Addross) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury S CAUSE mation Nature of injury TION 24. Was disease or injur occupation of deceesed? 19. UNDERTAKER (Address) II so, specify B (Signed) (Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

- sel	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		1 20021
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11056
1. PLACE OF DEATH	(30)
County + rederick	Registration Dist. No. 2
Village or City montevue tospela	LNO. Mullive Hospilal Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel Thomas	NO VETERAN
(a) Residence: No. 122 Meddle alle	(St.) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR_OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
hale Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Florence Jeanne	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 32, 1861	I lest saw h Lone elive on OCA H 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 12.30,00.
73 4 1 13 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z Irade, profession, or particular principle of work done as SPINNER	Date of onset
kind of work done, as SPINNER() ay to alvour	Regul Empfeleg in
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Cerclisal Kanon Range Oct 3
Kind of work done, as SPINNER) SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased lest worked at this occupation (month and year) year) Occupation	
4. 10000 00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	nt : 0 = -
	Thomas Tarsler Land
E	made and the second second
(State or country)	Name of operation
I 15. MAIDEN NAME Malala Vill	What test confirmed diagnosis? Was there an autopsy? 22 If death was due to extraod a was a CALLAND THEORY OF THE ALL AND ALLAND THE ALLAND THE ALL AND ALLAND THE AL
E	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19, 19
O 16. BIRTHPLACE (city or town) (State or equity) (State or equity)	Where did injury occur?
17. INFORMANT with Kind Clerky	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Mannar of Injury
Place Montevil Centage 10/5/35,19	Nature of injury
19. UNDERTAKER Gloget V. Difore (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dex 1935 AMMenuly	(Signed) M. D. M. D.
Registed.	(Address) Renderale, Mich.
a, more vianas are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 0 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The production of the content of the			
Other contributory causes of importance:	-	Other contributory causes of importance:	1772
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

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Ž	item of	pinous	of occ	
	-WRITE PLA IY, WITH UNFADING INK-THIS IS A PERMANENT RE D. Every item of infor-	HYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
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ARGIN RESERVED FOR BINDING	RMANEN	XACTE	classified.	
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A	HIS	pe	be	
ESERVI	INK-T	E should	t it may	
N RI	DING	AG]	so tha	
ARGI	UNFAI	upplied.	terms,	
	WITH	efully s	in plain	
	.X.	car	TH	
	PLA	ould be	F DEA	10
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 11057
County Frederick	(93-C) Registration Dist, Np.
Village or City Near Frederick	A2 and Manager Direct
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Peter Troxell (a) Residence: No. 117 West Fourth Street (Usual place of abode)	If U.S. Veteran specify WAR NOTION If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth J. Stull	22. HEREBY CERTIFY. That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) April 3, 1868	I last saw him alive on Senson 19 19 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2-30 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade or offession or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Cattle Dea. SAWYER, BDOKKEEPER, etc.	Le Genility
Andustry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, Retired Cattle Dea. SAWYER, BDOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked et this occupation (month and year) year) 11. Total tima (yeers) spartin this occupation	Chronic myocarditis Suration: renkonon
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Caules of Importance: Cus.R.
Mo mil and	Seen only after deaths
14. BIRTHPLACE (city or town) 1982 1 9 1 2110	Name of operation Date of What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAMEMARGARET To lo a le	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Float 10 (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mr. Clayborne Troxell (Address) Frederick, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fredate Oct. 31, 135	Manner of injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 3N - Q. A., 1935, Qro J. hac Curly Registrary	(Signed) Adinence Fahrry M. D. (Address) Frederick, MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	and a		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied.

TION is very important.

N. B.

STATE	OF	MARYI	AND-	CERTIFICA	TF C	F DEATH
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Į.	1	Į,	Z,	Ē.)	3

1. PLACE OF DEATH	23)
County Treferrick	Registration Dist. No. 144
Village or City near Thursword	NoSt, Ward
Length of residence In city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carl arthur Urb	If U. S. Veteran, specify WAR
(a) Residence: No. Near Thurmony	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Myra Poole Wibon	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 30 -1896	I last saw h alive on
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Pulsus per hemorrhad 10/20/30
9. Industry or business in which work was done, es SILK MILL. The Saw MILL, BANK, etc.	February Tab reulouis 1929
11. Total time (years) this occupation (month and 0 4 20/3 spent in this year)	
12. BIRTHPLACE (city or town) relationships the state of country)	Dther Coutributory Causes of importance:
13. NAME Frank M. Whom 14. BIRTHPLACE (city or town) Doledo (State or country)	
(State of country)	Name of operation
16. BIRTHPLACE (city or town) of Bo	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs. Carl Wibing (Address) Humman Mid	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Place Clary Date 7. 23, 1903	Nature of injury
19. UNDERTAKER (S. E. Colline Hammer)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct. 24, 1935- anna M. Jones Registrar.	(Signed) Morris a Buel M. D. (Address) Thurworlt Med:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. 1	PLACE O	F DEA	ATH			23	
CountyFrederick						Registration Dist. No. 13	9
177	Village or C	ity_S	TATE S	ANATO	RIUM.	VI TNo.	Ward
			city or town where o		yrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. 1	FULL NA	ME	Joseph	Nichol	as Vico		
			2229 Hui	ntingtor (Usuaiplace		Badtimor Ward, Maryland.	State
	PERSON	AL A	ND STATIST			MEDICAL CERTIFICATE OF DEATH	- Court
	Male	V	or or race Thite	s. SINGLE, MARI OR DIVORCED Singl	(write the word)	21. DATE OF DEATH October 5 (Month) (Dev)	., 1935 (Year)
5a. If I	married, widow	ed, or div	vorced			22. I HERERY CERTIEV That I attended	(1.5.7)
(or) WIFE of					22. I HEREBY CERTIFY, That I ettended	
6. DAT	TE OF BIRTH	month, d	ay, end year)	November	12 191	4 lest saw h.j. m. elive on 6ct 4	: deeth is sald
7. AGE			Months	Days	If LESS than	to have occurred on the date steted ebove, at 9.25A-mM	
	2	0	10	23	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	1000
N	R. Trade, profes	sion, or pork done	COLMER	Ch a small			Data of onset
OCCUPATION	SAWYER, Industry or			Shoemake	er	0.1	
UP.	work was SAW MIL	done, es	SILK MILL, , etc	1		Pulmonary Tuberculosis,	July
00 10	Dete decease	ed last w		11. Total tin	All Abi-		1933
12	yeer)		June j	SSS ocon	pation 5 Mos	Dther Centributery Causes of importance:	
12. B1	RTHPLACE (cit					Dillet Conditionly Cause of Importance.	
0:	(State or cour		Maryl		•		
FATHER 14	3. NAME	Joh	n Vicch	110			
14 14	I. BIRTHPLACE (Stete or			1		Nama of operetion	
œ 15	5. MAIDEN NA					Whet test confirmed diagnosishest X Ray Wes there en	
E				etiore		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)						Accident, suicide, or homicide? Dete of injury Where did Injury occur?	, 19
January VI - II						(Specify city or town, county and Stat Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC PL	(e)
(Address) Baltimore, Maryland					n d	opens, whether mysty describe in the both t, in Home, of in toplete the	AUE.
18. BURIAL, CREMATION, OR REMOVAL						Menner of Injury	
Place Balto. Md. Date Unknown 19.					LOWD, 19	Nature of injury	
19. UNDERTAKER M. L. CICAACY + Slove					2	24. Was diseese or injury in any way releted to occupation of deceesed? A l	10
	(Address)		roundy,	MAN		If so, specify	
20. FIL	ED/	35.	, 19	14/1		(Signed)/Ilway, A. Magge	M. D.
	//	-		11 100	Registrar.	(Address) State Samatorushl	ma

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributors causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	N. B.—WRITE PLAKIY, WITH UNFADING INK—THIS IS A PERMANENT REC. Every item of infor-	macion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	f in	d st	CUL	
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1. PLACE OF DEATH County Judician Properties of the County Judician Proper	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Near for New York Control of St. Ward Length of residence in city or fromywhere death occupied 3 fyrs	1. PLACE OF DEATH	(3)
Village or City Near for New York Control of St. Ward Length of residence in city or fromywhere death occupied 3 fyrs	County trederick	Registration Dist. No. / 5
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2. FULL NAME (a) Residence: No. John Custom State Color of Research Color of Resear		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.	11 /4 , 8 + 11 1	us. mos
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20. FILED Oct 6, 1935 MA Curfura Ma (Signed) Jahrens A Warter M. D. Registrar. (Address) Journal Wed,		24. Was disease or injury In any way related to occupation of deceesed? 210
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 4 1980	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

D. Every item of infor-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11061
1. PLACE OF DEATH	Registration Dist. No. /34
County Treferred	Registration Dist. No. 134
Village or City turnlebung	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
· · · · · · · · · · · · · · · · · · ·	ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME John Les Wa	ruly If U.S. Veteran specify WAR. 36
(a) Residence: No. Westwinister W	^
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF 12 5
Male white married	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. /HEREBY CERTIFY. Than attanded daceased from
(or) WIFE of Elesbeth Cades	QUI 12 35 10 OCT 12 135
DATE OF BIRTH (month, by, and year) Que 30 : 1899	i lest saw him alive on Oct / 2 , 185; deeth is sai
. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 7.254_m.
3 & / // 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and reletad causes of importance were as follows:
Forde, profession, or particular kind of work dona, as SPINNER, Sepute Sherife.	A A A A A A A A A A A A A A A A A A A
SAWYER, BOOKKEEPER, atc. Deputy Cherife	Crushing ingury & chest & abdomed
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc	surhames hy highway auto
10. Data deceasad last worked at 11. Total time (years)	acrident
this occupation (month and / 1/1/3 spent in this occupation	
12. BERTHPLACE (city or town) Baltingse	Other Contributory Causes of importance:
(State or country)	
13. NAME John H. Warnes	
14. BIRTHPLACE (cit or town) Baltingre	Nama of operation roul Date of
(Stata or country) ucl	What test confirmed diagnosis by was Chan. Was there an autopsy? Me
15. MAIDEN NAME TILL J. Krafte. 16. BIRTHPLACE (city or town)	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Carriale	Accident, suicida, or homicida? accedent Date of injury 0/12 1938
(Stata or country)	Where did injury occur? Hy hway W Launth (King hel (Specify city or town, county and State)
7. INFORMANT Upro. Elizabeth Warney	Specify whether injury occurred in INDUSTRY, In HOME or in PUBLIC PLACE.
(Address) Cenus and Westmuste with	While driving truck on highway
8. BURIAL, CREMATION, OR REMOVAL Piace Usalumate Madete 10115 1931	Menner of injury Charles Chert & ab Momen
riote - , 1300	Haldre of Hijdry Duries at Section 1
19. UNDERTAKER A. Baukarl y Dou	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Westmington and	It so, specify sustained while arming bruck
20. FILE OCF 13-1935 M. T. Spriff	(Signed) WR With a M. (Address) Engantithe bel)
16 move blanks archieded address Seate Projection	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
E D 1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
, &	Constitution of the second	
ter lar	Other contributory causes of importance:	Termick.
May 1,1923	Gastroenteritis	1 year
	and a series in as	
	1915 1921 5 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	. PLACE OF DEAT				(30)	1
	County Freder		Wishin.	the Corporate	Registration Dist. No.	J
1	Village or CityFT	ederick			No. 21 W. saint St. St., f death occurred in a horpital or institution, give its NAME instead of street and uun	Wai
1	Length of residence in cit	y or town where de	eath occurred1	5 yrs. 11 mos	s4ds. How long in U.S. if of foreign birth?yrsmos.	Der)
	. FULL NAME	ilmore O	liver Whi	iting	If U.S. Veteran specify WAR. none	
	(a) Residence: No.	21 W. Sa	int St		St.,Ward.	
	DEDCONAL AND	D CTATICTI	(Usual place		If nonresident give city or town and St	le
3	PERSONAL ANI	OR RACE		RIFD, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
		ored	OR DIVORCE	D (write the word)	21. DATE OF DEATH October 15th.	5
5a.			single		(Month) (Day)	(Year)
_	If married, widowed, or divor HUSBAND of (or) WiFE of				1 HEREBY CERTIFY, That i attended dec	eesed f
6.	DATE OF BIRTH (month, day	, and year) Nov	11, 192	20	i last saw h_im_alive on 10-15 ,1935;	eath is
7.	AGE Years	Months	Days	If LESS than I day,hrs.	to heve occurred on the date stated above, at 11.40Pm.	
	15	11	4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	ate of on
NO	8. Trade, profession, or parkind of work done, a SAWYER, BOOKKEEF	rticular is SPINNER, Ad	Home (
OCCUPATION	9. Industry or business in work was done, as S	which				te
CU	SAW MILL, BANK, et	lc			as a complication or sequelar of	
00	10. Date deceased last work this occupation (mon year)	ked at th and		me (years) nt in this pation	Torrhoed directoris Guila	
		Ma		pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) _ (State or country)	Maryla	t no			
2	13. NAME Harle	w Whiting	r			
FATHER	14. BIRTHPLACE (city or toy	Mamile			Name of operation Date of	
_	(State or country)				What test confirmed diagnosis? Was there an au'c	DSV?
MOTHER	15. MAIDEN NAME	aude Lile			23. if death was due to externel causes (VIOLENCE) fill in elso the following:	
101	16. BIRTHPLACE (city or tov	Maryle	ind	•	Accident, suicide, or homicide? Date of injury	_, 19
-	(State or country)	aude L. V	Thiting		Where did injury occur? (Specify city or town, county and State)	
17.	(Address)				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, OR RE	MOVAL			Manner of Injury	
	Piece Fairview	Cem. Fred	Date Oct.	18 ,1935	Nature of injury	
10	UNDERTAKER M. R.	Etchison	& Son		24. Wes disease or Injury in any way related to occupation of deceased? 243)
13.	OHOLINIAHLIN	rick, Md.				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis N 5 1900	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
· BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
				141		

BINDING ARGIN RESERVED

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH jo pluods County_ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred mos. 2 ds. How long In U.S. if of foreign birth?_. PHYSICIAN RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT classified. (Month) CT 5e. If married, widowed, or divorced HUSBAND of CERTIFY Thet I attended deceased from (or) WIFE of M 6. DATE OF BIRTH (month, dey, end year) certificate properly 7. AGE Years Months-If LESS then Days 1 dey,____hrs or min. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc ... may 9. Industry or business in which plnods work was done, es SILK MILL. SAW MILL, BANK, etc no 10. Date deceased last worked at 11. Total time (yeers) this occupetion (month end spent In this instructions occupation ... 12. BIRTHPLACE (city or town) (Stete or country) supplied. term FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain Neme of operation (State or country) carefully MOTHER vety. important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) DEATH Accident, suicide, or homicide?___ ---- Date of injury... (State or country) pe Where did Injury occur? (Specify city or town, county and State) plnods Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 18. BURIAL, CREMATION, OR REMOVAL IS Menner of Injury mation LION Nature of injury. 24. Wes diseese or injury in eny wey releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) __

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

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auses Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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	2	IYS	St
	UNFADING INK-THIS IS A PERMANENT RE	upplied. AGE should be stated EXACTLY. PHYS	terms, so that it may be properly classified. Exact sta
	E	LY.	
ING ING	NE	CI	ified
ARGIN RESERVED FOR BINDING	MA	(A	lass
BII	ER	田田	VC
)R	VI	ted	per
F	IS	sta	Dro
ED	HIS	be	be
RV	I	pino	may
SE	INK	she	it
RE	I.G.	4GE	that
Z	DIA	I. 1	80
RG	VFA	lied	rms.
A	D	Idn	tel

N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

1	S	STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	061	
1.	PLACE OF DEA	тн ,	-		72:0	1	
	County Track	drick	60		Registration Dist. No. 3	9	
	Village or City	Sartil	ld		No. St	Ward	
	Length of residence in	city or town where de	neth occurred		f death occurred in a hospital or institution, give its NAME instead of street and nur	nber)	
		1 10	01	///	sds. How long in U.S. if of foreign birth?yrsmos.	ds.	
2.	FULL NAME	lsa L	con W	alfe			
	(a) Residence: No.		(Usual place of	abode)	St., Ward. If nonresident give city or town and St.		
	PERSONAL AL	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	iie .	
3. SE)		OR OR RACE	5. SINGLE, MARRI OR DIVORCED	ED, WIDOWED,	21. DATE OF DEATH Oct - 11	93 5	
5a. If	married, widowed, or div	hill	(bosta	a	(Month) (Day)	(Year)	
1	HUSBAND of (or) WIFE of	stoned	nelle	e Wolfe	22. I HEREBY CERTIFY. That I attended det	ceased from	
6. DA	TE OF BIRTH (month, da	ay and year) h	-11/9-	10-91	0.1	eath is said	
7. AGI		Months	Days	If LESS than	to have occurred on the date stated above, atm,	leath is said	
	41	4	9-2-	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
NO	8. Trade, profession, or p	as SPINNER.	ham on	, mm.	were as follows:	ate of onset	
OCCUPATION	SAWYER, BDOKKEEPER, etc				Typhogenous		
13	work was done, as SAW MILL, BANK,	StLK MILL, etc			Tenkanna	1953	
00 11	D. Date deceased lest wo this occupation (moyear)	onth and	11. Total time spant i occupa	n this # -11-			
12 Rf	RTHPLACE (city or town				Other Contributory Causes of Importance:		
12. 01	(State or country)	morte	nd				
置 13	3. NAME If one	w 2 0/	abt				
FATH	4. BIRTHPLACE (city or t	own) -			Name of operation Date of		
-	(State or country)	and	. 1		What test confirmed diagnosis? Was there an au'o	nev?	
x	S. MAIDEN NAME	da Q	Klin	l	23. If death was due to external causes (VIOLENCE) fill In also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	6. BIRTHPLACE (city or t	owπ)	1		Accident, suicide, or homicide? Date of injury	., 19	
2	(State or country)	ma			Where did injury occur?		
17. INFORMANT Henry & Walf (Address) Smiththy					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BU	RIAL, CREMATION, OR	REMOVAL	1		Manner of injury		
	Place Smully	bysend	Teate Coch	1.3, 19.5.5	Nature of Injury		
19. UN	DERTAKER (Address)	with the	Lorey	/	24. Wes disease or injury in any way related to occupation of deceased?	~~~~	
20. FJL	ED M	19.7 1	inthe	As Registrar.	(Signed) Walker Hy es hard. (Address) 13 2 w & reason &	M. D.	
7- 0-		If more bl	anks are needed, add		2411 N. Charles Street. Baltimore. Registration S. M. Charles Street.	10	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County J. Medlucky Off.	Registration Dist. No. 192
Village or City Meddlelown	NoSt., Wai
Length of residence in city or town where deeth occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?
2. FULL NAME CHARACTER State I E	Bores) A
(a) Residence: No.	a Joung
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 3. 35 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) QL 3 1935	I last saw h alive on 19 death is early
7. AGE Years Months Days If LESS than	, ucati 13 30
1 day, 0 hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade profession or particular	- West as tollows. Still Borns
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (most) and	
Spatt III this	
year) grupation	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TOWN GOSING	
13. NAME TO WE GRAND 14. BIRTHPLACE (city/or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (lotel / lichael	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Alef Hechael 16. BIRTHPLACE (city or town) Masses from Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace / Lack & Lack Date Cel. 4 1931	Menner of injury
110000000000000000000000000000000000000	Nature of injury
19. UNDERTAKER (Address)	24. Wes disease or Injury In any wey related to occupation of deceesed?
20. FILED OCK 4 , 1984) Jacques June	(Signed) R V Hause & M.
Registrar.	(Address) Madelle love -

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

LY, WITH

N. B.-WRITE PL.

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Example Ty ED	i i	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 1900	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Sandari Sandar				
Other contributory causes of importance:		Other contributory causes of importance:	<u> </u>	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1)	-WRITE PLA Y, WITH UNFADING INK-THIS IS A PERMANENT RE. D. Every item of infor-	A. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
D FOR BINDING	IS IS A PERMANENT	be stated EXACTT	e properly classified.	f certificate.
ARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK-TIL	carefully supplied. AGE should b	'H in plain terms, so that it may b	TION is very important. See instructions on back of certificate.
	-WRITE PLA	mation should be ca	CAUSE OF DEATH	TION is very impos

		STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1066
1	L. PLACE OF	DEATH			92-00)	
	CountyFre				Registration Dist. No. 13	7
	Village or Cit	Middletown			No. Prospect St St.	Ward
	Langth of resid	ence in city or town where	death occurred	50 yrs. mos	NoSt.,St.,St.,St.,St.,st. NAME instead of street and stds. How long In U.S. if of foreign birth?yrs	number) mosds.
2	2. FULL NAN (a) Residence	e: No. Prospect			If U.S. Veteran specify WARDO	
other	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
_	sex emale	4. COLOR OR RACE white	5. SINGLE, MA OR DIVORCE	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH October 29, (Month) (Oay)	, 193 5
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY. That I attende	(Year)
6	DATE OF BURTH (n	nonth, day, and year) Man	y 3, 1860)	i last saw h 27 aliva on Oct 284 ,195	death is said
-	AGE Years		Oays	If LESS than	to have occurred on the date stated above, 4.25.A.m.	
	75	5	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	kind of wo SAWYER, I	ion, or particular ork done, as SPINNER, BOOKKEEPER, etcAt usiness in which done, as SILK MILL, , BANK, etc	t Home		Valvulo, Regal discose	
220	10 0 1	diast worked at ation (month and May	SD SP	time (years) ant in this 60 supation	Other Considers Constraints	
12.	BIRTHPLACE (city (State or count	or town) Maryland	<u> </u>		Other Contributory Causes of importance:	
EB	13. NAME	Lewis Young				
FATHER	14. BIRTHPLACE ((city or town)	land		Name of operation Date of	
ER	15. MAIDEN NAM	Elizabeth	Arnold		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE ((city or town)	yland		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Oate of Injury	
17.		s. E. E. Shaf Middletown,			Where did Injury occur?(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate) LACE.
		on, or REMOVAL letown Reform	Cemete nedata Oct	V	Manner of injury	
19.	UNDERTAKER	Frederick. M	n & Son	0	24. Was diseasa or injury in any way related to occupation of decaased?	
20.	FILED DEL	10 , 1935 D. T.	rayno	Registrar.	(Signed) RVHAUVER (Ardress) Mules Outo	M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	net

N. B.-WRITE PLA

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Exa	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of paset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 5 1835	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1931	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN